-	-	-	7	Ø	4		
	nust be approved by the chief medical examiner or his assistant it death occurred in a nospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
	This certificate must be appro	the body was released to the	shows: (1) An accident of any	was D.O.A. at a hospital (exc	deceased prior to death); an	written approval must be obt	

3 PLACE IN BALTIMORE MARYLAND, WHERE PRONOLINGER DEAD 14. USUAL RESIDENCE IV	AND HOUR OF DEATH NOTEMAN 17 1969 Where deceased lived, Ill-institution: residence before admission of the state of the
1. NAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE IV A., STATE B. CO FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN E. STREET AND NUMBER TO MARRIED NEVER MARRIED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY IT) BIRTHPLACE (Stote of Industry IT) 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY IT) B. DATE OF BIRTHPLACE (Stote of Industry IT) 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY IT) 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY IT) BIRTHPLACE (Stote of Industry IT)	AND HOUR OF DEATH NOTEMAN 17 1969 Where deceased lived, Ill-institution: residence before admission of the state of the
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE IV A. STATE FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN E. STREET AND NUMBER 5. SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 17) BIRTHPLACE (Stote of	Where deceosed lived. It institution: residence before odmission by the D. INSIDE CITY LIMITS? YES NO
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN E. STREET AND NUMBER TO MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED TO A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 17) BIRTHPLACE (Stote of	D. INSIDE CITY LIMITS? YES NO
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET A. STATE B. CO C. CITY OR TOWN C. CITY OR TOWN E. STREET AND NUMBER S. SEK 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 17) BIRTHPLACE (Stote of	D. INSIDE CITY LIMITS? YES NO
ADDRESS OR LOCATION) C. CITY OR TOWN E. STREET AND NUMBER S. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY AT BIRTHPLACE (Stote of	YES NO
5. SEK 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED WILL STREET AND NUMBER 1992 100. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 17) BIRTHPLACE (Stote of	YES NO
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED WIDOWED SIRTHPLACE (Stote of BIRTH) BIRTHPLACE (Stote of BIRTHPLACE (Stote of BIRTHPLACE) BIRTHPLACE (Stote of BIRTHPLACE)	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED WIDOWED SIRTH SIRTHPLACE (Stote of the continuous of the continu	R/1.7/ - C.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED WILL STATE 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY M) BIRTHPLACE (Stote of	1. / - / . /
WIDOWED DIVORCED WIND STATE OF BUSINESS OR INDUSTRY TO BIRTHPLACE (Stote of	year an
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY TI) BIRTHPLACE (State of	9. AGE (In years If Under 1 Yr., If Under 24 Hr. Months: Doys Hours: Min.
	+ WI
tone during most of working life, even if retired)	foreign country) 12. CITIZEN OF WHAT COUNTR
	. 1 . 21
towas-	e ma ust
14. MOTHER'S MAIDEN I	NAME
Canal Bout	Lucan
5. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
5. Wos Deceosed Ever in U. S. Armed Forces? Yes, no or unknown of the service of service	has ()
no 215-28-7174 Dinalel	MICh Diell Sun
18. 110 9 4 5 710 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY CORDINARY DE	CLUSION Vatto
LEADING TO DEATH	12 Hour
(This does not mean the made of dying, e.g., (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	
heart failure, asthenia, etc. II means the disease, injury or complication which caused death,)	
ANTECEDENT CAUSES	
(B)	
DISEASES OR CONDITIONS, if any, giving DUE TO OR AS A CONSEQUENCE OF:	741 0.6
rise to the above cause (A) stating the UNDERLYING CONDITION last.	3100 313
II ·	
O THE SIGNIFICANT CONDITIONS CONTRIBUTING ALCOHOLOC	CIRCION CICI
E TO THE DEATH BOT NOT KEERIED TO THE TERMINAL	7170 000 313
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A). □ 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of the condition) 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of the condition) 20A. AUTOPSY?	No) 208. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DIE	Of in Rollimore City - in- and in-size
OR CONTRIBUTING CAUSE OF home, form, foclory, street, office bldg., INJURY OCCUR	(If in Boltimore City, give exact location)
O DEATH (notify medical examiner)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID	INJURY OCCUR?
OF INJURY (APPROX.) While At Not While	
Work At Work	10 6 101/ 11
22. I certify that (I) (this haspital) attended the deceased fram 6 FEQ	190/ to 19 67
that O(we) last saw the deceased alive an 6 NOV 19 67 and	that it (aur) apinian death accurred an the do
and have and from the causes stated above. (We) (did) (did not) view the body after dear	
23A. SIGNAFORE.	
	23 B. PATE SIGNED
Dechard Joyston, W DEGREE Phys. Med. Director	Staff Phys.
PHYSICIAN'S NAME (Type) 23D. ADDRESS	
NAME LIVE	D1 D-11'
	w Place Baltimore Md. 21217
Richard F. Tyson M. D. DEGREE 2320 Euta	
Richard F. Tyson M. D. DEGREE 2320 Euta	City, town, or county) (Stote)
Richard F. Tyson M. D. DEGREE 2320 Euta 24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY OF CREMATORY 124C	
Richard F. Tyson M. D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 11-31-69 McCollage 2320 Euta 24C. NAME of CEMETERY of CREMATORY Burial 24C. NAME of CEMETERY of CREMATORY 24D. NAME of CEMETERY 24D. NAME of CEMETERY 24D. NAME of CEMETERY 24D. NAME of CEME	Balto Me (Stote)
Richard F. Tyson M. D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY Burial 11 - 31-69 March Laylate 24C. NAME of CEMETERY OF CREMATORY 24D. NAME of CEMETERY OF CREMATORY	Balto Me (Stote)

APTERIOSCIENOS SIS

APTERIOSCIENOS SIS

ALCONOMIC CIRRIDOSIS

NO

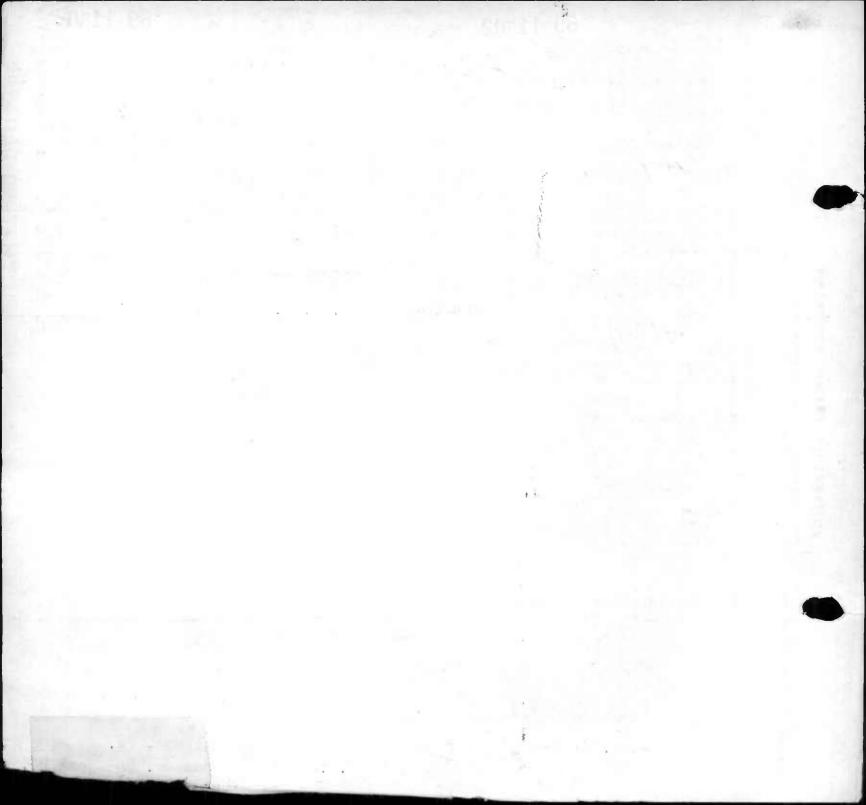
NO

LIGHARIAGA, LO

LIGHARIA

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of dea shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceas was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Su written approval must be obtained before the remains are embalmed or final disposition is made.	3	ed	OS	_	S	
the body was released to the hospital by a medical examiner or his assistant in death occurred in a hospital shows. (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) De was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death was in regular attendance on the deceased prior to death written approval must be obtained before the remains are embalmed or final disposition is made.	3	0	ce	0	:	
the body was released to the hospital by a medical examiner or his ussistant in actual occurred in a shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to de written approval must be obtained before the remains are embalmed or final disposition is made.	=	0	å	0	ŧ	
the body was released to the hospital by a medical examiner of his ussistant in acute of contributing causes the body was released to the hospital by a medical examiner. Also, if the direct or contributing causes, shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance deceased prior to deceased prior to deceased prior to written approval must be obtained before the remains are embalmed or final disposition is made.	S	0	2	Ĕ	P	
the body was released to the hospital by a medical examiner of his usushing it dearn occurred in the body was released to the hospital by a medical examiner. Also, if the direct or contributing constances (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendence on the deceased prior to deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to written approval must be obtained before the remains are embalmed or final disposition is made.		Ö		Ď	0	
the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined can was D.O.A. at a hospital (except where the physician who pronounced death was in regular att deceased prior to death); and (6) No physician was in regular attendance on the deceased prior written approval must be obtained before the remains are embalmed or final disposition is made.	3	ö	JSe	9	-	
the body was released to the hospital by a medical examiner. Also, if the direct or contribution shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made.	=	gr.	000	att	0	
the body was released to the hospital by a medical examiner. Also, if the direct or contributed was released to the hospital by a medical examiner. Also, if the direct or contributes shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermine was D.O.A. at a hospital (except where the physician who pronounced death was in regula deceased prior to death); and (6) No physician was in regular attendance on the deceased written approval must be obtained before the remains are embalmed or final disposition is mad	ט	Ξ	D	_	p	ė
the body was released to the hospital by a medical examiner. Also, if the direct or contributions assistant in action to shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermines D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the decease deceased prior to death); and (6) No physician was in regular attendance on the decease written approval must be obtained before the remains are embalmed or final disposition is m		þ	ne	=	ס	ad
the body was released to the hospital by a medical examiner. Also, if the direct or construction of the direct or construction of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undeterwas D.O.A. at a hospital (except where the physician who pronounced death was in redecased prior to death); and (6) No physician was in regular attendance on the deceased prior to death).	5	1	E	9	Se	E
the body was released to the hospital by a medical examiner. Also, if the direct or eshability shows (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Under was D.O.A. at a hospital (except where the physician who pronounced death was in deceased prior to death); and (6) No physician was in regular attendance on the decenten approval must be obtained before the remains are embalmed or final disposition.	0	0	Per	7	60	
the body was released to the hospital by a medical examiner of his userstain in act shows (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Unwas D.O.A. at a hospital (except where the physician who pronounced death was deceased prior to death); and (6) No physician was in regular attendance on the contiten approval must be obtained before the remains are embalmed or final dispositions.		_	de	=	e	0
the body was released to the hospital by a medical examiner of his assistant the body was released to the hospital by a medical examiner. Also, if the direct shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) (was D.O.A. at a hospital (except where the physician who pronounced death we deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final dispo	2	ō	Ju	15	0	SIT
the body was released to the hospital by a medical examiner or his ussistant the body was released to the hospital by a medical examiner. Also, if the diresthans: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) was D.O.A. at a hospital (except where the physician who pronounced death deceased prior to death); and (6) No physician was in regular attendance on twitten approval must be obtained before the remains are embalmed or final dis	_	9Ct	3	3	he	DO
the body was released to the hospital by a medical examiner of his ussistant the body was released to the hospital by a medical examiner. Also, if the d shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; was D.O.A. at a hospital (except where the physician who pronounced deat deceased prior to death); and (6) No physician was in regular attendance or written approval must be obtained before the remains are embalmed or final c	_	.=	3	4	-	IS
the body was released to the hospital by a medical examiner of his usus the body was released to the hospital by a medical examiner. Also, if the shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kir was D.O.A. at a hospital (except where the physician who pronounced dedecased prior to death); and (6) No physician was in regular attendance written approval must be obtained before the remains are embalmed or fina	5	ס	þ	4	ō	=
the body was released to the hospital by a medical examiner. Also, if the body was released to the hospital by a medical examiner. Also, if the body was released to the hospital by a medical examiner. Also, if the shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any was D.O.A. at a hospital (except where the physician who pronounced deceased prior to death); and (6) No physician was in regular attendant written approval must be obtained before the remains are embalmed or fit	^	he	ķ	de	Ce	ם
the body was released to the hospital by a medical examiner. Also, is shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any was D.O.A. at a hospital (except where the physician who pronounce deceased prior to death); and (6) No physician was in regular attend written approval must be obtained before the remains are embalmed or	722	++	>	70	an	-
the body was released to the hospital by a medical examiner. Also shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of was D.O.A. at a hospital (except where the physician who pronoun deceased prior to death); and (6) No physician was in regular atterwritten approval must be obtained before the remains are embalmed	2	-	9	Ce	Pu	ō
the body was released to the hospital by a medical examiner of shows: (1) An accident of any nature; (2) Body burns; (3) A fracture was D.O.A. at a hospital (except where the physician who prono deceased prior to death); and (6) No physician was in regular at written approval must be obtained before the remains are embalm		50	of	5	te	ed
the body was released to the hospital by a medical examiner. shows: (1) An accident of any nature; (2) Body burns; (3) A fractuwas D.O.A. at a hospital (except where the physician who prodeceased prior to death); and (6) No physician was in regular written approval must be obtained before the remains are emba	5	₹	9	9	at	E
the body was released to the hospital by a medical examine shows: (1) An accident of any nature; (2) Body burns; (3) A fract was D.O.A. at a hospital (except where the physician who p deceased prior to death); and (6) No physician was in regular written approval must be obtained before the remains are emi	-	-	1	5	1	00
the body was released to the hospital by a medical examishe body was released to the hospital by a medical examishows: (1) An accident of any nature; (2) Body burns; (3) A frwas D.O.A. at a hospital (except where the physician who deceased prior to death); and (6) No physician was in regwritten approval must be obtained before the remains are e		Пе	90	٥	5	E
the body was released to the hospital by a medical exa shows: (1) An accident of any nature; (2) Body burns; (3) A was D.O.A. at a hospital (except where the physician w deceased prior to death); and (6) No physician was in r written approval must be obtained before the remains are	E	E	fr	ho	eg	0
the body was released to the hospital by a medical estabout was released to the hospital by a medical estabous: (1) An accident of any nature; (2) Body burns; (3) was D.O.A. at a hospital (except where the physician deceased prior to death); and (6) No physician was in written approval must be obtained before the remains	X	DX	A	3	-	DI
the body was released to the hospital by a medical shows: (1) An accident of any nature; (2) Body burns; was D.O.A. at a hospital (except where the physicideceased prior to death); and (6) No physician was written approval must be obtained before the remain		0	3	2	Ξ.	15
the body was released to the hospital by a medic shows: (1) An accident of any nature; (2) Body burn was D.O.A. at a hospital (except where the physi deceased prior to death); and (6) No physician w written approval must be obtained before the rem	3	0	15;	·	SD	ai.
the body was released to the hospital by a me shows: (1) An accident of any nature; (2) Body by was D.O.A. at a hospital (except where the phdeceased prior to death); and (6) No physician written approval must be obtained before the re	8	ğ	27.0	ysi	3	E
the body was released to the hospital by a response; (1) An accident of any nature; (2) Body was D.O.A. at a hospital (except where the deceased prior to death); and (6) No physici written approval must be obtained before the	E	ne	٩	ho	0	7
the body was released to the hospital by shows: (1) An accident of any nature; (2) Bo was D.O.A. at a hospital (except where th deceased prior to death); and (6) No phys written approval must be obtained before the	9	-	þ	9		he
the body was released to the hospital by shows: (1) An accident of any nature; (2) was D.O.A. at a hospital (except where deceased prior to death); and (6) No ph written approval must be obtained befor	5	7	Bo	th	YS	6 1
the body was released to the hospital shows: (1) An accident of any nature; (was D.O.A. at a hospital (except when deceased prior to death); and (6) Nowritten approval must be obtained bef	b	P	5	0	ph	0
the body was released to the hospit shows: (1) An accident of any nature was D.O.A. at a hospital (except whereased prior to death); and (6) Neritten approval must be obtained to		6) :	Jei	0	Sef
the body was released to the hos shows: (1) An accident of any natu was D.O.A. at a hospital (except deceased prior to death); and (6) written approval must be obtaine	0	E d	re	3	Z	P
the body was released to the h shows: (1) An accident of any ne was D.O.A. at a hospital (excel deceased prior to death); and written approval must be obtai	0	05	at c	to	9	De
the body was released to the shows: (1) An accident of any was D.O.A. at a hospital (ex deceased prior to death); an written approval must be obs	>	4	č	90	D	D
the body was released to shows: (1) An accident of a was D.O.A. at a hospital (deceased prior to death); written approval must be	7	the	7	ex	0	opi
the body was released the body was released to was D.O.A. at a hospita deceased prior to death written approval must b	0	0	P a	_	~	0
the body was release shows: (1) An accident was D.O.A. at a hospideceased prior to deawritten approval mus	9	9	0	10	÷ h	+ 6
the body was relea shows: (1) An accid was D.O.A. at a ho deceased prior to written approval m	_	Se	E L	Sp	ec	O
the body was rel shows: (1) An acc was D.O.A. at a deceased prior to	2	9	Ď	ho	0	E
the body was shows: (1) An c was D.O.A. at deceased prior	E	re	100	0	1	0
the body we shows: (1) A was D.O.A. deceased pr	TE	35	u c	to	.0	0
the body shows: (1) was D.O./ deceased	5	3	A	4	p	dd
the boc shows: was D. decease	E	×	Ξ	o	ed	0
the L show was dece	cel	200	15:	Ö	OSD	en
4 4 × 4 ×	S	e L	3	SE	Ce	ritt
		+	sh	3	de	3

	BALTIMORE CITY	HEALTH DEPARTMENT	00 44-02
69 115	OZ CERTIFICA	TE OF DEATH REG. NO.	69 11502
BIRTH NO. 1. NAME OF DECEASED 5.		2. DATE AND HOUR OF DEATH	
(Type or Print)	LA CHALEE	11/2/19	4.00 h
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOLINCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before dimission
STEACH IN PACIATIONS WINDS	KONO ONCED DEAD	A. STATE B. COUNTY	10 11
FULL NAME OF (IF NOT IN HOSPITAL OR HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Md,	1201
INSTITUTION		C. CITY OR TOWN 212 (PD. IN	
Union Memoria	1 HOSPITAL	Dal 411010	YES NO
	V	E. STREET AND NUMBER	
44		220 Chancery	Rd
5. SEX 6. RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Yr. tf Under 24 Hrs Months Doys Hours Min.
	OWED DIVORCED	9-3-88 81	
OA. USUAL OCCUPATION (Give kind of work 10B, Ktt	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12, CITIZEN OF WHAT COUNTRY
	ganza College	Rouna	115 A
Cottage Matron Mor	Ranza correge	14. MOTHER'S MAIDEN NAME	0-11
`			
Robert Lee Spence 5. Wos Deceased Ever in U. S. Armed Forces?		Tamer Rea	
5. Was Deceased Ever in U. S. Armed Farces? Yes, no ar unknown) (If yes, give war or dates of ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Nr.o.	217 51 8252	Mrs. J. C. Watters	Same
No IIB.	CAUSE OF DEAT		APPROXIMATE INTERVAL
410,9			BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY		USE Claute Myscerella A CONSEQUENCE OF Derfaceto	7
(This does not mean the made of dying,	(A) IMMEDIATE CA	USE Will My Celebra	
heart failure, asthenia, etc. It means the dis	e.g., DUE TO, OR AS	A CONSEQUENCE OF: Derfacelle	2 .
injury or camplication which caused death.)			
ANTECEDENT CAUSES	4.4		
DISEASES OR CONDITIONS, if any,	giving (B)	A CONSEQUENCE OF:	
rise to the above cause (A) stating	the		
UNDERLYING CONDITION last.	(c)		
- II			
OTHER SIGNIFICANT CONDITIONS CONTRIBU			
DISEASE OR CONDITION GIVEN IN PART 1 (A).			
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION		FINDINGS CONSIDERED AUSES OF DEATH?
WAS PERFORMED		no	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, farm, factory, street, c	in or about 21C. WHERE DID (If in Baltimo	ore City, give exact location)
DEATH (notify medical examiner)	etc.)	mice stags, mook! Occok.	
O 21D. TIME (Manth) (Day) (Year) (Hauri	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURY	While At Not Whi		
(APPROX)	Wark At Wark		
22. I certify that (I) (this hespital) often	ded the deceased from	aug 1969 10	Mw 20 1967
	11-1 7	- 1 1/6	
that (1) (we) lost sow the deceased alive	e an	and that in (my) (our) op	pinion deoth occurred on the do
and haur and from the causes stated obc	ve. (1) (We) (did) (did not)	view the body ofter deoth.	
23A. SIGNATURE	1.7		23B. DATE SIGNED
- AMM release	MU AH	ending Med. Staff Phys.	11/20/19
23C. PHYSICIAN'S	DEGREE Phy	23 D. ADDRESS	10/00/01
NAME (Type)	1 1 7	11-5 P 1	- RELTINGIES
FM. UUGAN	MI) DEGREE	13 < DIDDLE Y	MAN
24A. BURIAL CREMATION, 24B. DATE		EMATORY 24D. LOCATION (City, tawn, or county) (State)
REMOVAL (Specify)			1 n-
Burial_Rem. 11-24-69	Washington Cem	etery Washington	
NOV 21 1969 72 6 8 3	AND OF ICOIS (CAR	H.W. Jenkins & Sons	Co.4905 York Rd
HOANT 1000 2000 TIL		Deltimone Mi	21280
VS 150-REV, 1/1/6B		OSTIMOL6 - W	



This certificate must be appraved by the chief medical examiner or his assistant if death occurred in a haspital and the body was released to the haspital by a medical examiner. Alsa, if the direct ar cantributing cause af death shaws: (1) An accident of any nature; (2) Body burns; (3) A fracture af any kind; (4) Undetermined cause; (5) Deceased

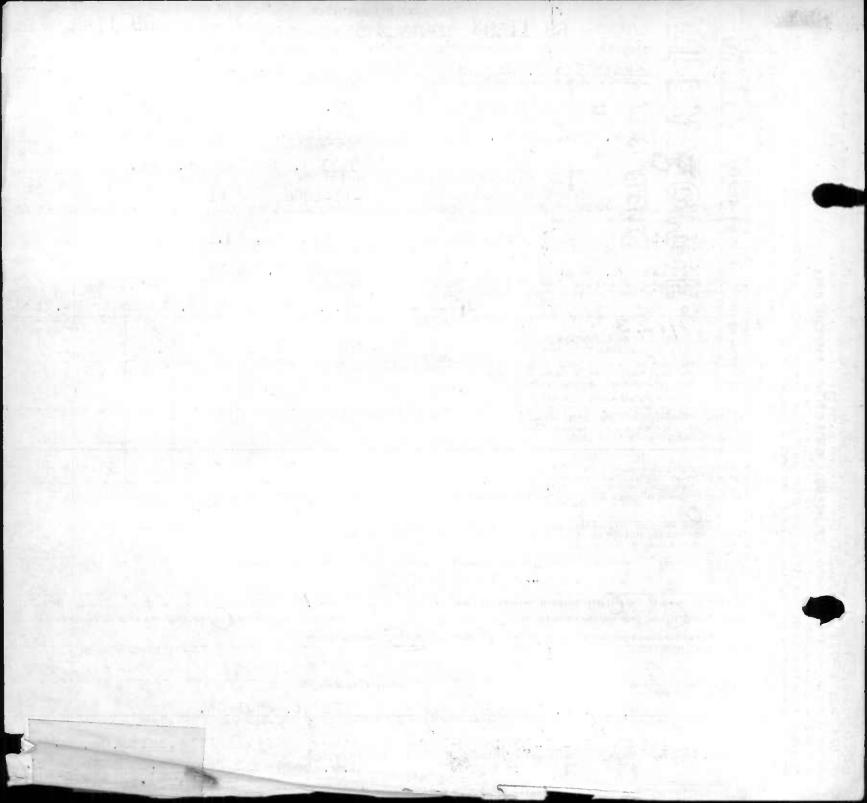
VS 150-REV, 1/1/6B

111 75/ 1		BALTIMORE CITY HEALTH
W-256	69 11503	CERTIFICATE O

DEPARTMENT

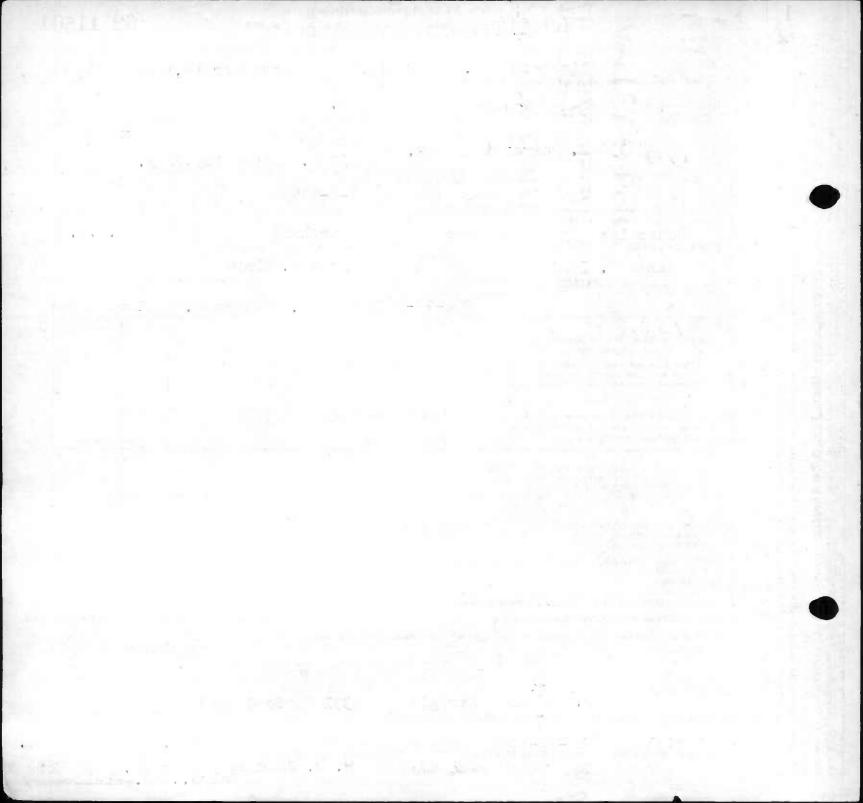
REG. NO.	69	1503

BIRT	TH NO. 69 1.1.300 CERTIFIC	CATE OF DEATH
	AME OF DECEASED	2. DATE AND HOUR OF DEATH
(172	Mathilde B. Wagner	11-20-69 1/2 -AM.
3. P	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FUI	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Md. 1202
HO	SPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	3333 N. Charles St.	Baltimore YES X NO
	20	E. STREET AND NUMBER
	100	3333 N. Charles St. Apt. 206
. s	MARKIEU NEVER MARKIEU	
	F WIDOWED DIVORCED	
	USUAL OCCUPATION (Give kind of wark 10B, KIND OF BUSINESS OR INDUS during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
S	Secretary Medical	Baltimore, Md. USA
3. [FATHER'S NAME	Baltimore Md. USA
	William E. Wagner	Mettie B. Wells
5. V	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
	s,na ar unknown) (If yes, give war ar dates of service) SECURITY NO.	32 Mr. JPaul Bright Jr. 13 South St. 21202
	NO	
ĺ	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
z	rise to the abave cause (A) stating the UNDERLYING CONDITION tost. (C)	Goal selengers 3 yrs
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
ERTIFIC,	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e. home, farm, foctory, street etc.)	.g., in ar about 21C. WHERE DID (If in Boltimore City, give exact location) injury occur?
ä	21 D. TIME (Manth) (Day) (Yeor) (Haur) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
>	OF INJURY (APPROX.) While At Not Work At W	While Control of the
	22. Legitify that (1) (this haspital) attended the deceased from	
	that (1) (we) lost saw the deceased alive an 11/15	
	and haur and fram the causes stated above (1) (We) (did) (did no	
		Attending Med. Staff
1	DEGREE	Phys. Director Phys.
	23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS
	Dr. Wm. F. Renner	
24A	REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY of	
	Burial 11-21-69 Druid Ridge	Cemetery Pikesville, Balto. Co. Md.
25A	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	250 FUNERAL DIRECTOR
	NOV 21 1969 Best E. Farber M.D.	H.W. Jenkins & Sons Co. 4905 York Rd,
_		



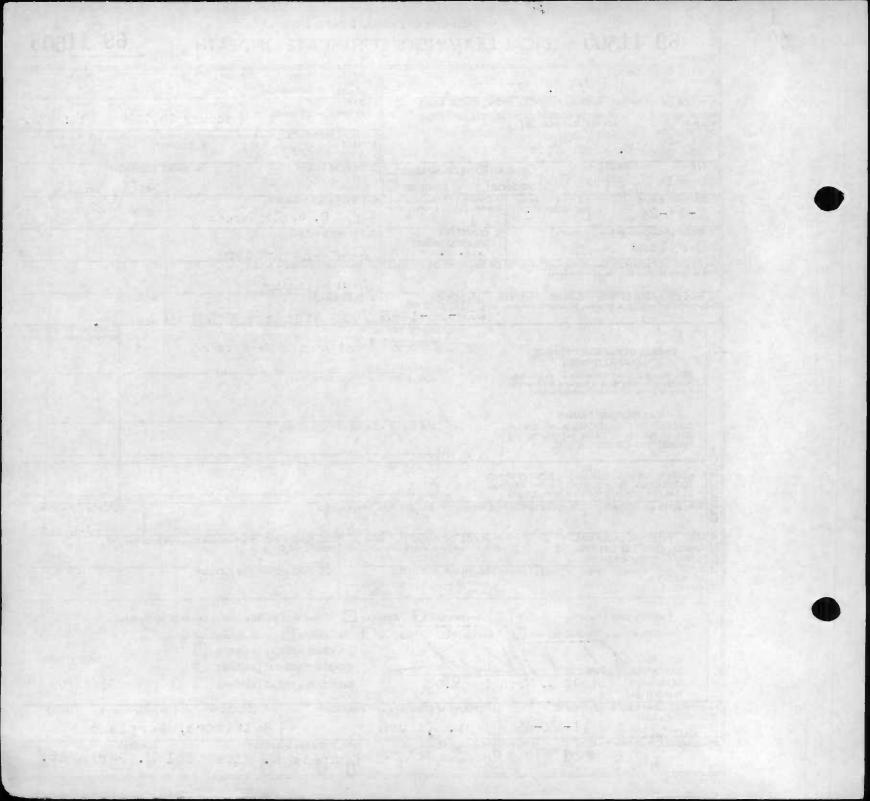
00		BALTIMORE CITY HEALTH DEPARTMENT		00	44=0
69	11504	CERTIFICATE OF DEATH	REG. NO	_68	1150
		2. DATE AND	HOUR OF DEATH		

BIRTH NO.		00	CLRTHICA	AL OI D	LAIII			
1. NAME OF DEC					2. DATE AND	HOUR OF DEATH		3 0
(1790 01 11111)	Elizab	eth (C. Wate		Novemb		969	9 P.
3. PLACE IN BAI FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTITU	JNCED DEAD JTION, GIVE STREET	A. STATE Md.	B. COUNTY	eceosed lived. If i	nstitution; resider	nce before admission
INSTITUTION	ADDRESS OR LOCA	ATION)		C. CITY OR TO	WN	D. INS	IDE CITY LIMITS	?
00	330 E. Un:	lversi	ty Pkwy.	Baltin	NUMBER	and the Die	YES 🔀	NO [
00				-		sity,Pk		
5. SEX	6. RACE	WIDOWED		7-2-1	895 lost	AGE (In years birthdoy)	If Under 1 Y	r. If Under 24 Hrs s Hours Min.
done during most of	CUPATION (Give kind of work working lite, even if retired)	Own I		Mary		country)	12, CITIZEN	OF WHAT COUNTR
13. FATHER'S NA		OWIL 1	10110		MAIDEN NAME			
	s F. Coad				C. Shaw	r		
15. Was Decease (Yes, no or unknown	d Ever in U. S. Armed For n) (If yes, give wor or dote	ces? s of service)	16. SOCIAL SECURITY NO. 064-03-363	5 D Mrs		on C. Da		Same
DISEASES	nol mean the made of asthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last.	the disease, death.)	(B)	A CONSEQUENCE	Colon	*		2 ys.
TO THE DEA	FICANT CONDITIONS CO ITH BUT NOT RELATED TO TO CONDITION GIVEN IN PAF F OPERATION 198. CON WAS PER	HE TERMINAL T 1 (A).	WHICH OPERATION	20A. AUTOP	SY? (Yes or No) 2	OB. IF YES, WERE	FINDINGS CON	NSIDERED
OR CONTRIB	ENT WAS UNDERLYING CUTING CAUSE OF y medicol exominer)	21B, hom etc.	PLACE OF INJURY (e.g., e., form, foctory, street,	in or about 21 C. V	VHERE DID	(If In Boltima	re City, give exa	act lacation)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED	ile 🗖	OW DID INJURY	OCCUR?	/ /	(-
	y that (I) (th is hospita) last saw the decease		he deceased from	augles	19	in (my) (aur) ap	Inian death ac	1919
and haur ar	ond from the causes sta	ted abaver (1	y MA AT	ending A		ff.	23B. DATE SK	GNED 69.
23C. PHYSICI, NAME (AM'S Type) Dr. Wal	ter	Karfgin DEGREE	23D. ADDRESS	larford		7. 2	
24A. BURIAL CR	EMATION, 24B. DATE	24C. N	AME of CEMETERY OF C		24D. LOC.	ATION (C	City, town, or co	unty) (Stote)
Burial		-1969	Greenmount	Cemete	ry Bal	ltimore,		Md.
NOV	21 1969	B E. 30	Ber, M.D.	H. W.	Jenkin	s & Sons Balto.,	Co. 119	305 York
VS 150-REV. 1/1.	/6B							



H-400 69 11505 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 69 11505

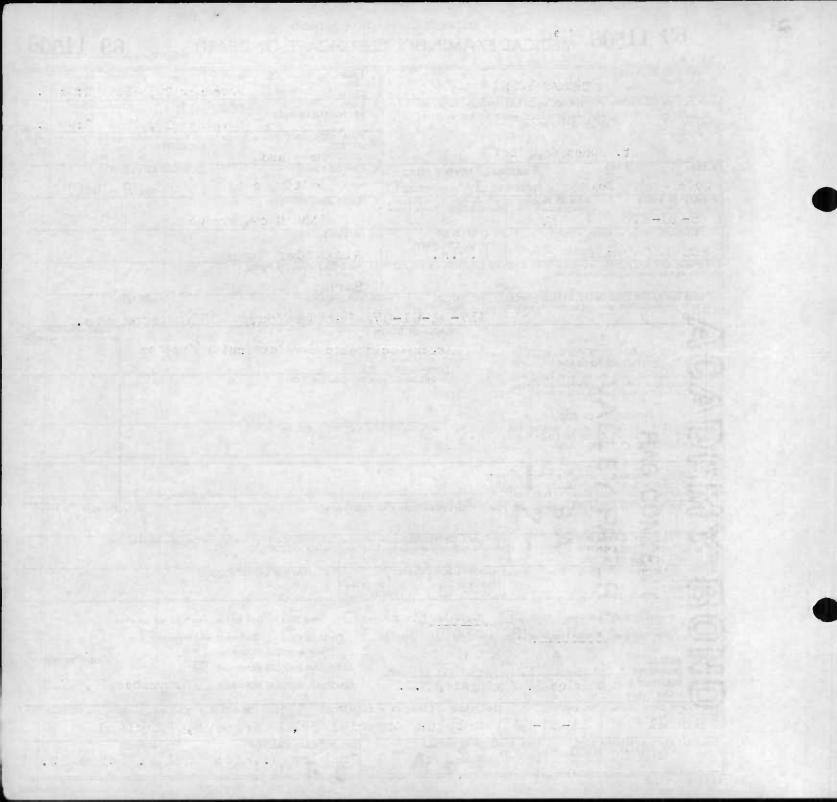
BIRTH NC.								KEG. NO.		
1. NAME OF DEC					2. DATE	Known 🔲	Month	Doy	Yeor	Hour
		HALI			OF DEATH	Estimoted				
4. PLACE IN BAL	TIMORE, MARYLAND,	VHERE P	RONOUNCED D	EAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INS	STITUTION, GIVE ST	REET		JNCED DEAD		ber 18,1		12:40
	n n - 1 a	- 11			5. USUAL R	ESIDENCE (Where		ed. If institution B. COUNTY	residence b	before admission
1032	E. Eagle St	reet			n. 31A1E	Marylan	d	b. COUNTY	16	7/13
6. SEX	7. RACE	B. MAR	RIED A NEVER	MARRIED [C. CITY OR	TOWN		D. INSIDE CI	Y LIMITS?	
Female	Negro			VORCED [Balti	more		Ve	- [ма 🗆
9. DATE OF BIRTI	H 10.AGE (Willnes I Ve II I	Index 24 Hzs	E. STREET A	ND NUMBER		YE	s 📋	NO L
2-18-24	1 lost birthdo	^{v)} 45	Months Doys	Hours Min.	1832	W. Eagle	Street			
II. BIRTHPLACE (S	State or foreign country)		12. CITIZEN OF		13. FATHER		Derece			
Marylar			WHAT COU							
	PATION (Give kind of work	IAR MINE	OF PUSINESS	D INIDIICADA	Elar.	idge Hen	son			
lone during most of w	vorking life, even il retired)	140. KIIA	OF BUSINESS (ואו בטטטאוו אכ			ME			
						a Davis				
i6. WAS DECEASI (Yes _n no or unknown)	ED EVER IN U.S. ARMEI (If yes, give wor or doles	of service	S? 17. SOCIA SECUR	ITY NO.	18. INFORM	TANT		AC	DRESS	
MO.			218-1	8-1443	Rose	Stennet	t: 245	O News	to at	
19. 15.3	7		CAL	JSE OF DEAT	тн		<u> </u>	O NOVAL	AP	PROXIMATE INTER
DISEASE	E OR CONDITION DIRE	CTIV		Cancer	of colo	n with Me	tastasa	2 5	BETW	TEN ONSET AND I
	LEADING TO DEATH	CILY				. water ite	cabeas	- 0	12/2	
(This does no	of mean the made of du	Ing, e.g.,	(A)	IMMEDIATE C	S A CONSEQ	HENCE OF				
neart tollure,	, osthenia, etc. It meons the application which caused de-	diseose.		DUL 10, OK	D A CONSEQ	DENCE OF:				
		,		6						
	VIECEDENT CAUSES		(B).							
DISEASES O	OR CONDITIONS, IF ANY	GIVING		DUE TO, OR	AS A CONSEC	UENCE OF:				
I UNDESIM	IG CONDITION LAST.	ing inc								
<u> </u>			(c).							
OTHER SIGN TO THE DEA DISEASE OR 20A. DATE OF	IFICANT CONDITIONS C	ONTRIBU	TING							
DISEASE OF	TH BUT NOT RELATED TO CONDITION GIVEN IN P	THE TERM	INAL						000	
20A. DATE OF	OPERATION 208. CO	MOITION	FOR WHICH OPE	PATION WA	S DEDECTE	En			0: 4070	Deve /V - N
Ö			. OK MINCH OF	.KAHOH HA	S FERFORM				21. AUTO	PSY? (Yes or N
ZZA. EXTERN	NAL CAUSE WAS									no
()	OR CONTRIB-		home, form, foctor	NJURY (e.g., I y, street, office	bldg., etc.) IN	C. WHERE DID (If In Boltimore	City, give exoc	t location)	
B UTING □ CAL	USE OF DEATH.									
OF INJURY	Month) (Doy) (Yeor) (Hou				F. HOW DID INJ	URY OCCU	R?		
(APPROX.)			m. WHILE AT	TON AT W	ORK					
23.	6. 6. 15.1		٦.							
		nquiry L	Inspectio	n kx Aut	op sy	ond that an th	Is basis,	death in my c	pinion	
result	ed from: Notural cau	ses X	Accident	Sulcid	e Ho	micide 🔲 👢	Jndeterm) n	ed monner		
		10,	1/	1	С	HIEF MEDICAL EX				
ACTUAL	100 / /2. ed	1/1	1. la			TANT MEDICAL EX		X		DATE SIGNED
SIGNATU		Kor	nblum,M.D	M.D.						120160
NAME (T)	ype)	KOT	IID Tulli, FI.D		A5500	CIATE MEDICAL E	KAMINER	_	11	/18/69
24A. BURIAL CREM	AATION. 1248 DATE		24C. NAME of	CEMETERY C	r CREMATO	RY 24D. L	OCATION	(City, town,	or county)	(Stote)
REMOVAL (Specify		-60								
Burial				Auburr				re, Mar	rylan	d
25A. DATE REC'D			AME OF REGIST	BAR		UNERAL DIRECTO			DRESS	
N	JV 21 1969 7	17.5	E, Jaker	7. 60	cha:	rales A	Rice	661 W	. Bar	re St.
		1	7 9 1	5 % 4		1 / U				



BALTIMORE CITY HEALTH DEPARTMENT

69 11506 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 69 11506 BIRTH NC.

NAME OF DE	CEASED				2. DATE	Known X	Month	Doy	Yeor	Hour	
(ype or Print) THOMAS YOUNG						Estimoted	Novem	ber 20,			A. M.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD							Month	Doy	Yeor	Hour	21.0 M.
ULL NAME OF	(IF NO	T IN HOSPITA	LORINS	TITUTION, GIVE STREET	3. DATE PRONOL	INCED DEAD					A
OSPITAL OR INSTITUTION	ADDRE	SS OR LOCAT	ION)		S USUAL PI	SIDENCE (Where		ber 20,		2:05	A. M.
40	C+ Ac	nes Ho	anita	,1	A. STATE	SIDENCE (miere		B. COUNTY	residence	Derore odmi	r
. SEX	7. RACE	nes no	-			Maryland			de	05	
				IED NEVER MARRIED	C. CITY OR			D. INSIDE C	TY LIMITS?		
Male	Neg		WIDOW			Baltimore		Y	ES 🔀	ио 🗌	
DATE OF BIRT	н	10. AGE (In		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	E. STREET A	ND NUMBER					
5-10-8	37	82				3520 Cato:	n Aven	ue			
. BIRTHPLACE	State or foreig	n country)		12. CITIZEN OF	13. FATHER	SNAME					
South C	aroli	na		WHAT COUNTRY?	Alex	ander Yo	ning				
A.USUAL OCCU	PATION (Give	kind of work I	48. KIND	OF BUSINESS OR INDUSTRY	15. MOTHE	S MAIDEN NAM	IE .				
one during most of v	vorking lile, eve	en Ifrelired)			Sara	h					
. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	? I7. SOCIAL	18. INFORM			Δ	DDRESS		
es, no or unknown	(if yes, give w	or or doles o	f service	SECURITY NO.							
no				217-01-01-0		tie Your	1g 35	520 Ca		ve.	
4/0	14-1			CAUSE OF DEA					BETV	PPROXIMATE I	
DISEAS	E OR CONDI	TION DIREC	TLY	Arterioso	lerotic	cardiova	scular	diseas	e		
4 .	LEADING TO			(A)IMMEDIATE C	AUSE						
(This does n	ot mean the , osthenia, etc.	mode of dyla	ng, e.g., disease.		S A CONSEQ	UENCE OF:	**********			***********	
injury or cor	nplication which	h coused deal	ih.)								
Α.	NTECEDENT (CALICEC									
			GIVING	(B)DUE TO, OR	AS A CONSEC	UENCE OF:					
RISE TO THE	OR CONDITION ABOVE CAU NG CONDITION	JSE (A) STATI	NG THE	Water and the second					11.5		
SINDERLIII	AG COMDIN	ON LASI.		(c)							
		II .									
TO THE DE	IIFICANT CON ATH BUT NOT	RELATED TO 1	NTRIBUT THE TERMI	ING INAL							
DISEASE OR	CONDITION	GIVEN IN PA	RT 1 (A)-								
20A. DATE OF	OPERATION	1 208. CON	DITION	FOR WHICH OPERATION WA	S PERFORM	ED			21. AUTO	PSY? (Yes	or No)
0										No	
	NAL CAUSE			228. PLACE OF INJURY (e.g.,	In or obout 2:	C. WHERE DID (in Boltimore	City, give exo	ct location)		
UNDERLYING CA				home, form, foctory, street, office	bldg., etc.) If	AJURY OCCUR?					
22D. TIME			(Hour) 22E.INJURY OCCURRED	2	F. HOW DID INJ	URY OCCU	R?			
(APPROX.)				WHILE AT NOT	WHILE						
23.				m. WORK AT W	ORK						
1 cert	ify that I he	ald on In	quiry [Inspection Aut	apsy 🗌	and that on thi	e baele	dooth to my	!-!		
			FFT					-	-		
result	ted fram: No	atural caus	05	Accident Suicid				ed monner			
ACTUAL	(1)	10) '	1.+0		HIEF MEDICAL EX				DATE SIG	NED
SIGNATI	JRE 4	M	0,0	M.D.	ASSIS	TANT MEDICAL EX	AMINER	X			
EXAMIN NAME (T	ype)		s. sı	oringate, M.D.		CIATE MEDICAL EX	AMINER	☐ Nove	mber 2	20, 19	69
4A. BURIAL CREA	MATION, 24	4B. DATE		24C. NAME of CEMETERY	or CREMATO	RY 24D. L	OCATION	(City, town	, or county) (Sto	ite)
EMOVAL (Spri	"	11-23	-69	Arbutus Men	morial	Pk. A	rbutu	s, Mar	vlan	d	
SA. DATE REC'D	BY HEALTH D	EPT	25B. N.	AME OF REGISTRAR		UNERAL DIRECTO			DDRESS		
NO		969 %	Pert &	C. Jaber M.D.		rles A.,				rre S	t.
151-REV. 1/1/68			1	6 4 1111	018	4 7					



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and NE the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death a shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

VS 150-REV. 1/1/6B

		00	5 5 0 5		ITY HEALTH DEPARTMI		69 11507
	BIRTH NO.	69	1150	CERTIFIC	ATE OF DEA	TH REG. NO	00 11307
	.NAME OF DEC	WUJEK,	FRANK		2. D.	NEMBER 20.	1969 . 7:45A
	. PLACE IN BALT	TIMORE, MARYLAND, W	HERE PRONOL	UNCED DEAD	14. USUAL RESIDENC		If institution exidence before district
Ш	FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	MARYLAND	BALTIMO	
	NSTITUTION	ST. AGNE	S HUSB	IATI	BALT I MORE	D.	YES NO X
	40	JI. AUNL	3 11031	TIAL	E. STREET AND NUN		
5	- SEX	6. RACE	7- MARRIED	NEVER MARRIED	127 SYCAM	ORE RD 2	1226
	MALE	_WHITE	WIDOWED	X DIVORCED	06/15/92	last birthdoyl	Months Doys Hours Min.
1	OA, USUAL OCCU	PATION (Give kind of work orking life, even if retired)	108 KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign country!	12. CITIZEN OF WHAT COUNTRY
I	RETIRED 3. FATHER'S NAM		LONGS	HOREMAN	POLAND		U.S.A.
I		Frank	14/11	iek	VE RON I CA	17	'V
I c	Wos Deceased	Ever in U. S. Armed Fore Ilf yes, give wor or dote:	es?	16- SOCIAL	17. INFORMANT	Ken	ADDRESS
	NONE	/ 43/ gro was at acte.	- Selvice	218-03-664	4 ST. AGNES	HOSPITAL F	RE CORDS
	18. 4 9	2 -X 1		CAUSE OF DE	ATH , so		APPROXIMATE INTERVAL
	1	E OR CONDITION DIR LEADING TO DEATH		1	eavery fus	uffi a enery	7.
	heart failure, c	t mean the mode of sthenia, etc. It means	the disease.		S A CONSEQUENCE OF:	/	****************
	7.0	NTECEDENT CAUSES	death.)	Chri	via obstruct	we frang l	Q'Last
	DISEASES OF	CONDITIONS, If	ony, giving	(B)DUE TO, OR	AS A CONSEQUENCE OF:	***************************************	
	UNDERLYING	abave couse IA) CONDITION last.	stating the	(c) Ser	ece Emple	islus.	
1	OTHER SIGNIEM	II CANT CONDITIONS CON	(TOIDLITI) (G	0	P	6	
F	IO THE DEATH	BUT NOT RELATED TO THE	E TERMINAL	COY	Pulmo na	el.	***************************************
Fortela	19A-DATE OF	OPERATION 198 CONE	DITION FOR W	HICH OPERATION	YES	or No. 208. IF YES, WE IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
1 V J	21A ACCIDENT	WAS UNDERLYINO TING CAUSE OF	218, I home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	In or about 21 C. WHERE INJURY OCC	OID (If In Bolti	imore City, give exact location)
AARD		Month) Doy) Yeor)		NJURY OCCURRED		D INJURY OCCUR?	
1	IAPPROX.		Wark		k		
		hat (I) (this hospitol) ost saw the deceased			0 60		OVEMBER 20 19 69
					O 1969 ofter de	nd that in (my) (our)	opinion deoth occurred on the date
	23A. SIGNATUR	. //	-	10		eorn.	23 B. DATE SIGNED
	23C PUVELERA		1118	DEGREE P	tending Med.	Staff Phys.	11-20-69
	23 C. PHYSICIAN NAME (Typ		ESIR	Mak			YLAND 21229
24	A. BURIAL CREM REMOVAL (Sp	ATION DAR DAVE		ME of CEMETERY OF C		HOSP; CATON	E WILKENS AVES.
21	Beerial A. DATE REC'D	11/24/6	9 He	ly Rosary	Cenetery	Baltines	- e, Maryland
	NUN	21 1969	7 8 8 7	Ber M.D.	25C FUNERAL DIRE	CTOR STEXE AS	FAMERAL ADDRESS TO IN

25C FUNERAL DIRECTOR

STEXE Exit

Linkhicum Highle is address of

if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased attendance on the a hospital 0 occurred in prior attendance on the deceased pr Imed or final disposition is made. was in regular or his assistant if death IMPORTANT death pronounced Also, are embalmed FUNERAL DIRECTOR: regular the chief medical examiner examiner. at a hospital (except where the physician who eceased prior to death); and (6) No physician was in written approval must be obtained before the remains a medical þ the body was released to the hospital approved by This certificate must be was D.O.A.

Such

death.

19A. DATE OF OPERATION

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF

(Month)

and haur and from the couses

(Doy)

DEATH (notify medical examined

CERTIFICATION

MEDICAL

21 D. TIME OF INJURY

(APPROX)

23A. SIGNATURE

23C. PHYSICIAN'S

24A. BURIAL CREMATION, REMOVAL (Specify)

NAME (Type)

		0 44=0		HEALTH DEPARTMENT		69 11508
BIR	TH NO.	3 1150	O CERTIFICA	TE OF DEATH	REG. NO	00 TT000
	AME OF DECEASED				ND HOUR OF DEATH	
	NUTTER,	HERTHA	В.		-18-69	1 2:10 P M
3.	PLACE IN BALTIMORE, MARYLAND	WHERE PRONO	UNCED DEAD		ere deceased lived. If ins	titution; residence before admission)
HC	LL NAME OF (IF NOT IN HOS	PITAL OR INSTIT	UTION, GIVE STREET	MARY LAND	in INSII	DE CITY LIMITS?
3	T. AGNES HOSPIT	AL		BALTIMORE	J. 11431	YES X NO
V	VILKENS & CATON	AVE.		E. STREET AND NUMBER	APT D	
F	BALTIMORE MD 2	1228		407 SWANN	AVE. BALTI	MORE.MD.
5. 5	EX 6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
	FEMALE WHITE	WIDOWED		01-13-04	1 65	William Day's Moors William
AO1	USUAL OCCUPATION (Give kind of a during most of working life, even if retire	vork 10B. KIND OF	BUSINESS OR INDUSTRY	11. SIRTHPLACE (Slote or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
	DENTAL ASS'T	"		MARYLAND		USA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME	037
	Edmund Nutter		DEC D	Ella Ho	ttes	DEC 'D
15. (Yes	Was Deceased Ever in U. S. Armed ,no or unknown) (If yes, give wor or o	Forces? lotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO		219-07-1595	ST AGNES R	ECORD ROOM	WILKENS & CATON
	18. 4 / 0 . 4		CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION LEADING TO DEA			0.700	1 0 1-4	- /
	(This does not mean the mode		(A) IMMEDIATE CAU	SE Y L OULE. A CONSEQUENCE OF:	ding / sile	Menoun
	heart failure, asthenia, etc. It med injury or complication which caus	ns the disease,	DUE 10, OK AS A	CONSEQUENCE OF:		
	ANTECEDENT CAU		D.D.	1the san Prace	= 1100	at:
	DISEASES OR CONDITIONS,		(B) DUE TO, OR AS	A CONSEQUENCE OF:	a enjoy	2602
	rise to the above cause to UNDERLYING CONDITION last.	A) stating the	(c) Rtp	lemal ef	fusion	
NO	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING	SIVIC	mens to	Rt atom	-12

LEADIN (This does not mean heart failure, asthenia, injury or complication ANTECE DISEASES OR CON rise to the above UNDERLYING COND OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

198. CONDITION FOR WHICH O

WAS PERFORMED

(Yeor)

(B)	MO WOOD DULOUPIN
ing DUE TO, OR AS A	ONSEQUENCE OF:
(0)	remal effusion
IG AL	neus PRFatrino
OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21B. PLACE OF INJURY (e.g., in or home, form, foctory, street, office etc.)	obout 21 C. WHERE DID (If In Baltimore City, give exact location) bldg. INJURY OCCUR?
21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While At Not While Work At Work	
I Alle de Court Co	10-27 10-69 11-1860

etc.) (Hour 21E, INJURY 22. I certify that (1) (this hospital) attended the deceas ond that in (my) (aur) opinion death occurred on the date 11-18 1969 that (Ne) last saw the deceased office on () (We) (did) (did nat) view the body ofter death. 23 B. DATE SIGNED 18-69 Attending Med. Staff Phys. Director DEGREE 23 D. ADDRESS P DEGREE 24C. NAME OF CEMETERY OF CREMATORY (City, town, or county) (Stote)

> Loudon Park

Baltimore

Maryland

258. NAME OF REGISTRAR

11/21/

69

24B. DATE

HEALTH DEPT.

25C. FUNERAL DIRECTOR

Stansbury, Sr. -6 Windson Mill

VS 150-REV. 1/1/68

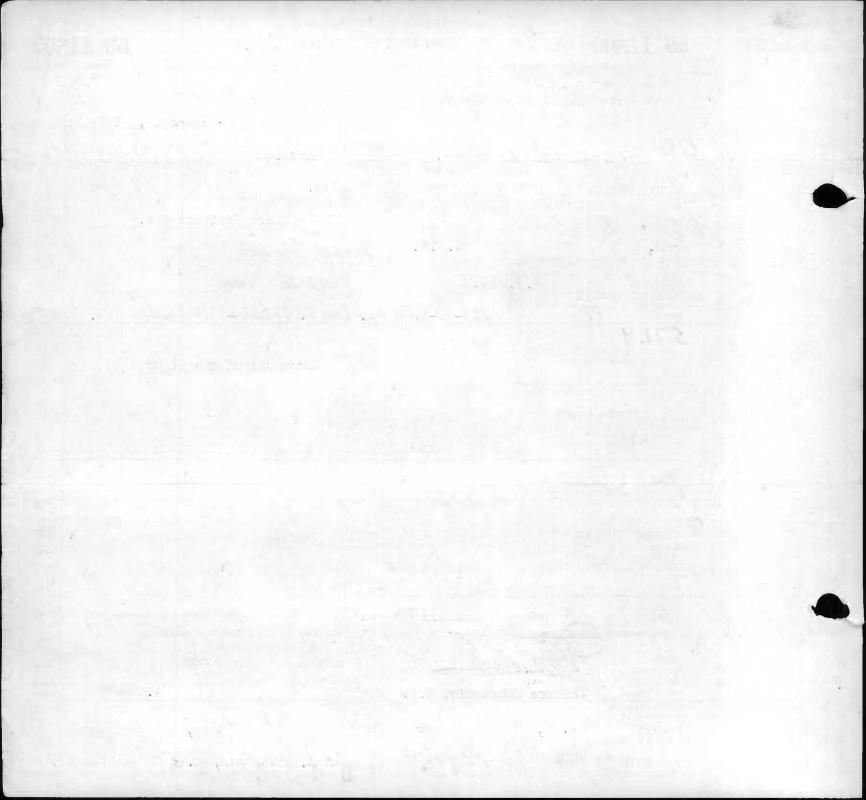
Ö

Burial

25A. DATE REC'D BY

M-635

69 11509 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	69 11509
1. NAME OF DECEASED	2. DATE Known X Manth Day	Year Hour
(Type or Print) EDWIN L. MARTIN	OF DEATH Estimated 11 13	69 2:35 рм.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH II	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD November 13, 5. USUAL RESIDENCE (Where deceased lived. If institution: residence in the second lived in the second lived. If institution: residence in the second lived. If institution: residence in the second lived.	1969 2:35 рм.
00	A. STATE B. COUNTY	dence perore damission)
4704 Liberty Heights Ave.	Maryland Maryland	1891
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIF	MIL2.
Male White WIDOWED DIVORCED	100 /4	NO 🗌
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. last birthday) 4. Manths, Doys Hours Min.	e. STREET AND NUMBER 4704 Liberty Heights Ave.	
11. BIRTHPLACE (State ar fareign country) 12. CITIZEN OF	13. FATHER'S NAME	
Penn. WHAT GOUNTRY?	Daniel Johnson	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME	
done during most of working life, even if refired) A.S. Abell	Virginia Mowen	
14 WAS DECEASED EVED IN ITS ADMED EODOSS 117 SOCIAL	18. INFORMANT ADDRE	SS
(Yes, na or unknown) (If yes, give war or dates af service) SECURITY No. 213-32-988	Mr. Lee P. Childs-5314 Wesley	Ave. 21207
19. CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		DETWEEN ONSET AND DEATH
LEADING TO DEATH (A)IMMEDIATE	CAUSE Cirrhosis of the liver	
(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:	
mary or compression which could dealing		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
Z UNDERLYING CONDITION LAST. (C)	**************************************	
2		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
OF THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21.	AUTOPSY? (Yes or Na)
		No
UNDERLYING OR CONTRIB- hame, farm, factory, street, office	in or about 22C. WHERE DID (If in Boltimore City, give exact loc ce bldg., etc.) INJURY OCCUR?	
	22F. HOWDID INJURY OCCUR?	
OF INJURY (APPROX) WHILE AT NO	T WHILE	
23.		
I certify that I held on Inquiry Inspection A	ond that an this basis, death in my opin	ion
resulted fram; Natura couses X Accident Suici	de Homicide Undetermined manner	
	CHIEF MEDICAL EXAMINER	
ACTUAL THEIR ELSELY	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.E	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Isidore Mihalakis, M.D.	11/1	4/69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY		
Burial Nov. 20, 1969 Loudon	Park Baltimore, M.	aryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRE	SS
NOV 21 1969 1 6 E Jaben M.D.	John T. Stansbury, Sr6411	Vindsor Mill
VS 151-REV. 1/1/6B		4



VS 150-REV. 1/1/6B

B-260

BALTIMORE	CITY	HEALTH	DEPA	RTMENT

69 11510 CERTIFICATE OF DEATH

REG. NO.	69	115	10

BIR	TH NO.	TO CERTIFICA	TE OF DEATH		
1, 5	AME OF DECEASED	- /	2. DATE ANI	HOUR OF DEATH	
(Ту	pe or Print)	Berleer	19/	11. 69	17 P
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where	deceased lived. If in	n stitution: residence before odmission)
"	The in shall what we have the		A. STATE B. COUNT	TY	17/1
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	Md.		2/02
IN	SPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
	l .	1 1/	Beltimore		YES NO
14	Union Memoria	Hosp	E. STREET AND NUMBER		- X
1		1,00%	12911 1112	Tebello	1eroznie
5. :	TEV II DAGE				
J. ;	6. RACE 7. MARE	NEVER MARRIED	8. DATE OF BIRTH 89	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	WIDO!	WED DIVORCED	08-17-38	% 08 \x	
	. USUAL OCCUPATION (Give kind of work 10 B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of foreig	in country)	12. CITIZEN OF WHAT COUNTRY?
	e during most of working life, even if retired) OUSEWIFE		Mal		USA
			100.		U 311
13.	FATHER'S NAME	•	14. MOTHER'S MAIDEN NAM	NE.	
	The Miller		not Know	n	
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Ye	s, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.	1 1	1 -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	No	220-10 756	Hospital C	Chart	
\vdash	1B. , ¬ . / . /	CAUSE OF DEAT	H /		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH				
	(This does not meon the made of dying,	(A) IMMEDIATE CAL			
	heart failure, asthenia, etc. It means the disc		A CONSEQUENCE OF:		
	injury ar camplication which caused deoth.)			1/ -	
	ANTECEDENT CAUSES	marta	Mula Co	1 breant	
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	7	
	rise to the above cause (A) stating	*		,	
	UNDERLYING CONDITION lost.	(c)			
	11			_	
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMII DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL			******
	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)		FINDINGS CONSIDERED
H	WAS PERFORMED	1 (IN CERTIFYING CA	USES OF DEATH?
CERTIFIC	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Baltimo	re City, give exoct locotion)
AL	OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o		th in Ballino	re City, give exoct locollolly
OA	DEATH (notify medical examiner)	etc.)			
0	21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
MEDI	(APPROX.)	While At Not Whi			
	(APPROX)	Work At Work			
	22. I certify that (1) (this hospital) ottend	ed the deceased from	10-231	969 to 11	1969.
	that (1) (lost saw the deceased alive	00 11-19	19/2 9 and the	t in (nex) lower and	Inlon death occurred an the dote
	P	men de		11 (11 (91 <u>77</u> 1501) upi	into a death occurred an the dote
	and hour and from the couses stated above	e(1) (We) (did nat)	view the bady after deoth.	100	
1	23A. SIGNATURE				23 B, DATE SIGNED
	M. Ceped M.O.	Dh.	ending Med. pirector	Staff Phys.	18 Nu 69
	23C. PHYSICIAN'S	QE GREE THY	23D, ADDRESS	· iiy s	100061
	NAME (Type)				
	M. CEPEDA M.D.	GEGREE	UNION MEM.HOS	SP. BALIU.	MARYLAND 21218
24/	A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D. LC	CATION	ity, town, or county) [Stote)
	Burial 11/22/69	M+ Olimat	D - 3	4 d m	K3
25		Mt Olivet		timore, N	Maryland
25/		ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
41	NOV 21 1969 2 4 8 8 3	ABER M.D.	O Lebnardry R	luck Inc.	Baltimore, Md.

8 88 -80 How Bearing - 421 stay H restrocker con from FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

			BALTIMORE CITY	HEALTH DEPARTMEN	IT 🗸	CO 44 m44
	69	11511	CERTIFICA	TE OF DEAT	H REG. NO	69 11511
1. N	AME OF DECEASED				E AND HOUR OF DEATH	н
(Тур	Marston, Mr	Woodry	ff	11	-19-69	11:50 AM
3. 1	LACE IN BALTIMORE, MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE	(Where deceased lived. II	institution: residence before admission)
HO	LL NAME OF (IF NOT IN HOSPIT. SPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION	ON, GIVE STREET	Maryland c. City or town	Balto. CO D. IN	ISIDE CITY LIMITS?
1	0.4			Baltimore		YES NO
	// Keswick Home for	r Incura	bles	E. STREET AND NOMB	ER	
5. S	EX 6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	ale White	WID OWED _	DIVORCED	10-9-81	88	
	USUAL OCCUPATION (Give kind of work a during most of working life, even if retired)	10B. KIND OF BL	ISINESS OR INDUSTRY	11. BirTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Teacher			Canada		U.S.A
13.	Teacher FATHER'S NAME			Canada 14. MOTHER'S MAIDEN	INAME	
	William S. Marston	1		Margueri	te Woodruff	
15. V	William S. Marstor Wos Deceosed Ever in U. S. Armed For hoo or unknown) (If yes, give wor or dote	ces? 16	SOCIAL SECURITY NO.	Margueri 17. INFORMANT	00 110042422	ADDRESS
	No		9-144564	Medical P	ecords-Keswi	ak
	1B.4410.9	4.1	CAUSE OF DEAT	H THEUTCAL II	ccorus-kebwi	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DI	RECTLY	W.	your dial	Telderation	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	data a	(A) IMMEDIATE CAL	ISE\	TR ALL COLLIC	10 pr2
	(This daes nat mean the made at heart failure, asthenia, etc. It means	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
	injury or complication which caused		1 (q	
	ANTECEDENT CAUSES		(B) HY 32	nosckres	38	1 44
	rise to the above cause (A)		DUE TO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.		(c)			
z		17-1011-1110				
10	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T	HE TERMINAL				
ERTIFIC ATION	DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PER	DITION FOR WH	ICH OPERATION	20 A. AUTOPSY? (Yes	or No. 20B. IF YES, WERI	FINDINGS CONSIDERED CAUSES OF DEATH?
AL CER	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PL home,	ACE OF INJURY (e.g., i form, foctory, street, o	n or obout 21 C. WHERE D	ID (If in Boltim	ore City, give exoct location)
U	21 D. TIME (Month) (Doy) (Year)	(Hour) 21 E. IN	JURY OCCURRED	21F HOW DI	INJURY OCCUR?	
ME	OF INJURY (APPROX.)	While Work		e —	JINJOKI OCCOK:	
	22. I certify that (1) this haspital	attended the	deceased fram	June	1969 10	19 NOV 1969,
	that (1) (we) last saw the decease	}	19 NW	. (nd that in (my) (aur) of	pinion deoth accurred on the date
	and hour and fram the causes stat	red obave (1)	We) (did) (did not) v	iew the bady ofter de	ath.	
	23A SIGNATURE					23B. DATE SIGNED
	(dee hear D. K.	Cooden	for 1\ Phy	nding Med. Director	Staff Phys.	192/01/1969
	23C.PHYSICIAN'S	Chechaga	DECKEE	23D. ADDRESS	,	
	Aubrox D Ri	chander		700 W. 40	th Street	
24A	Aubrey D. Ri	24C. NAM	E of CEMETERY of CRI	MATORY 2	th Street	City, town, or county) (State)
	REMOVAL (Specify)	160 -			Poltimone	Manuland
25 A	Burial 11/22	25 B. NAME OF	REGIDERAN INCHES	25C. FUNERAL DIRE	Baltimore,	Maryland

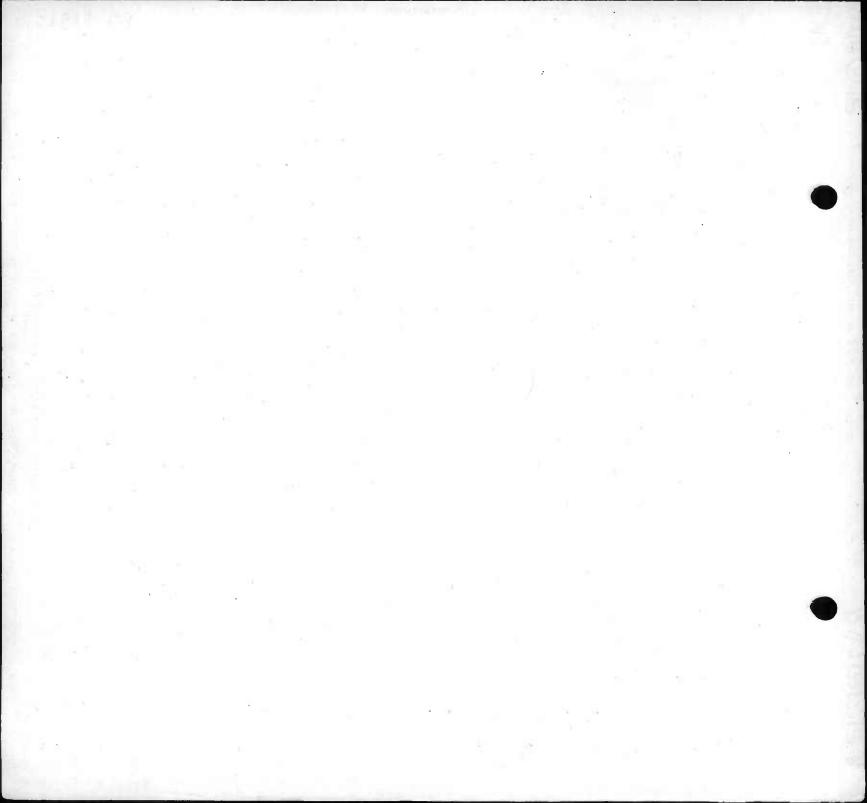
OBER E. Jalen M. D. Leonard J Ruck Inc. Baltimore, Md. 21 1969 VS 150-REV. 1/1/6B

Oddress in St Paul School for Beye Brooklanderlle, Md. Telephond Kessick. CT

•

FUNERAL DIRECTOR: IMPORTANT

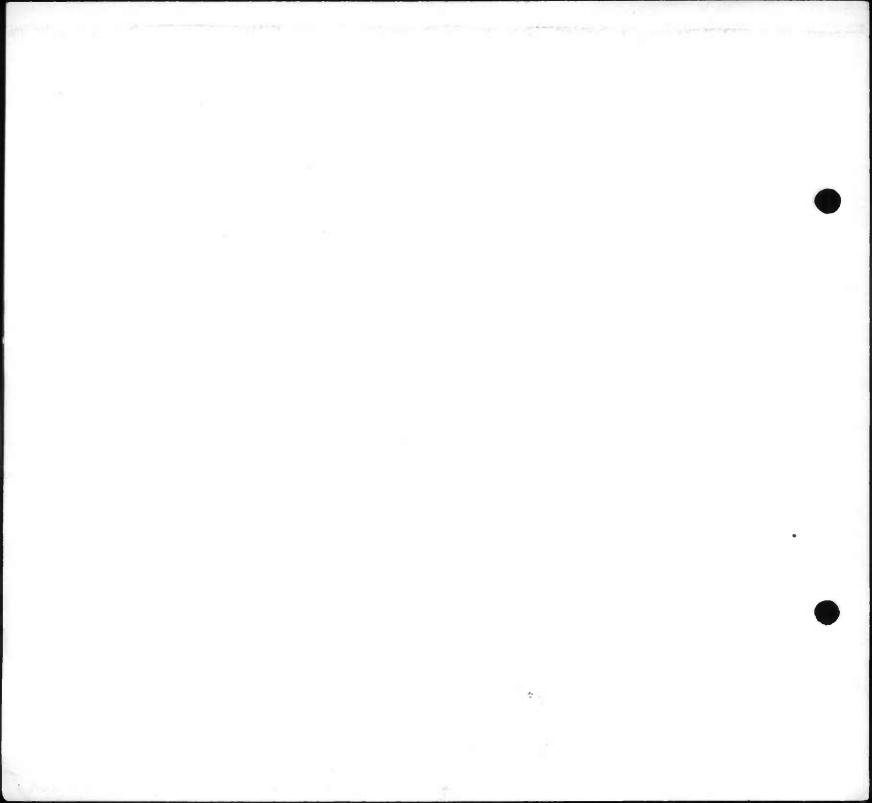
BIRTH NO				LZ CERTIFICA						
1, NAME ((Type or Pr	DF DECEASED	JULIOU	JS BUF	RTON			10 HOUR OF			4:35 PM
3. PLACE	IN BALTIMORE, MAR				4. USUAL A. STATE	B. COUN		ved. If ins	stitution: les	idence before odmiss
FULL NA/	AE OF (IF NOT I	IN HOSPITAL	OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR	TOWN		D. INSI	DE CITY LIN	AITS?
33	E JOHNS H	OPKINS	s Hose	PITAL	E. STREET	TIMORE AND NUMBER			YES X	ио 🗌
						4 N. EL				
5. SEX	6. RACE		· MARRIED [WIDOWED [NEVER MARRIED DIVORCED	8. DATE OF		9. AGE (In ye lost birthdoy)	66	If Under Months: I	1 Yr. If Under 24 Doys Hours Mir
	OCCUPATION (Give most of working life, ever			DUSTRY	11. BIRTHPL	ACE (State or forei	ign country)	,		OF WHAT COUN
3. FATHE	S NAME		1	Dasing	14. MOTHE	R'S MAIDEN NA		. /	,	(10)//
10	HENRY	BUR	100		1	MAMIE C	WND/	061	410	
5. Was Di Yes, no or o	eceosed Ever in U.S. nknown) (If yes, give	Armed Force: wor or doles	of service)	16. SOCIAL SECURITY NO. 2/3-07-73/	17. INFORM	ANT),,75	<u> </u>	148	ADDRESS 4 K//wood
1B.	3391			CAUSE OF DEAT	H		100 23	2	l _M	APPROXIMATE INTERV
hearl	daes not mean the failure, asthenia, etc. or complication which	, II means th	he disease,	(A) IMMEDIATE CA DUE TO, OR AS	A CONSEQUE	NCE OF:	las D	120a	AQ.	15 days
hearl injury DISEA rise UNDI	daes not mean the failure, asthenia, etc. or complication whice ANTECEDENT USES OR CONDITION TO THE CONDITIO	made of d , II means Ih ch caused d r CAUSES ONS, if an ause (A) s N last.	he disease, leath.) ny, giving stating the	(A) IMMEDIATE CAL DUE TO, OR AS (B) DUE TO, OR AS (C)	A CONSEQUE	Infa	la D	Noa	1	15 days 15 days
DISEA ise UNDI TO THE TO THE DISEA	daes not mean the failure, asthenia, etc. or complication whit ANTECEDENT USES OR CONDITION TO THE CONDITION	made of d I means th ch caused d I CAUSES ONS, if an ause (A) s N last. TIONS CONT LATED TO THE VEN IN PART I	ne disease, leath.) ny, giving stating the TRIBUTING: TERMINAL 1 (A).	(B) Braum DUE TO, OR AS	A CONSEQUE S A CONSEQUE	ENCE OF:	Jay W.	Were F	AQ.	5 days
DISEA IISE UN DI	daes not mean the failure, asthenia, etc. or complication white ANTECEDENT USES OR CONDITION TO THE CONDITION TO THE CONDITION TO THE CONDITION TO THE CONDITION OF THE CONDITIO	made of d II means Ih ch caused di I CAUSES ONS, if an ause (A) s N last. TIONS CONT LATED TO THE VEN IN PART I 19B. CONDI WAS PERFO ERLYING ERLYING	he disease, leath.) ny, giving stating the TRIBUTING: TERMINAL I (A). ITION FOR V RMED	(B) DUE TO, OR AS (B) DUE TO, OR AS (C)	A CONSEQUE 20A. AU YM in or obout[2]	ENCE OF:				Sdays
DISEA IISE UN DI TOTALE DI	daes not mean the failure, asthenia, etc. or complication white ANTECEDENT USES OR CONDITION TO THE CONDITIO	made of d II means Ih ch caused di I CAUSES ONS, if an ause (A) s N last. IIONS CONT LATED TO THE LYNIN PART I 19B. CONDI WAS PERFO ERLYING SE OF iner)	ne disease, leath.) ny, giving slating the TRIBUTING: TERMINAL 1 (A). ITION FOR V RMED 218. hom. etc.)	(B) DUE TO, OR AS (B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., or, form, foctory, street, or injury occurred INJURY OCCURRED Le At Not Whi	20A. AU YM in or obout 21 office bldg., IN	ENCE OF:	(If In	Boltimore		
DISEA IISE UN DO DISEA ON CO DISEA ON CO DISEA ON CO DISEA ON CO DISEA ON CO DISEA ON CO DISEA ON CO DISEA ON CO DISEA ON CO DISEA ON CO ON C	daes not mean the failure, asthenia, etc. or complication which antecedent and the day of the control of the co	made of d II means the chaused did I CAUSES ONS, if an ause (A) s I lons CONI LATED TO THE VEN IN PART I ITOB. CONDI WAS PERFO ERLYING ERLYING SE OF iner) Oy) (Yeor)	ne disease, leath.) Tributing the	(B) DUE TO, OR AS (B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., or, form, foctory, street, or injury occurred INJURY OCCURRED Le At Not Whi	20A. AU YM in or about 21 ffice bldg., IN	ENCE OF: TOPSY? (Yes or Notes) C. WHERE DID SURY OCCUR?	(If In	Boltimore		
MEDICAL CERTIFICATION MEDICAL CALL CALL CALL CALL CALL CALL CALL	daes not mean the failure, asthenia, etc. or complication white ANTECEDENT USES OR CONDITION TO THE CONDITION TO THE CONDITION OF THE CONDITIO	made of d II means the checaused did I CAUSES ONS, if an ause (A) s N last. TIONS CONTILIATED TO THE VEN IN PART I 198. CONDI WAS PERFO ERLYING SE OF iner) shospital) as hospital) as deceosed	ny, giving slaling the TRIBUTING ETERMINAL (A). (Hour) 218. hometc.) (Hour) 218. Whit Word of the note of the no	(C)	20A. AU YM in or obout 21 le	TOPSY? (Yes or No	(If In	Boltimore	City, give	exact location)
DISEAUSE UNDO THERE OF INTERPOLATION OF CC CELL OF INTERPOLATION (APPRICATION OF COLOR COL	daes not mean the failure, asthenia, etc. or complication white ANTECEDENT ASSES OR CONDITION TO THE CONDITION OF THE CONDITI	made of d II means the checaused did I CAUSES ONS, if an ause (A) s N last. TIONS CONTILIATED TO THE VEN IN PART I 198. CONDI WAS PERFO ERLYING SE OF iner) shospital) as hospital) as deceosed	ny, giving slaling the TRIBUTING ETERMINAL (A). (Hour) 218. hometc.) (Hour) 218. Whit Word of the note of the no	(B) DUE TO, OR AS (B) DUE TO, OR AS (C) OF INJURY (e.g., or form, foctory, street, or form, fo	20 A. AU 20 A. AU Y in or about 21 ffice bidg., IN 21 19 view the bounding	TOPSY? (Yes or No. 15). C. WHERE DID JURY OCCUR? F. HOW DID INJ. and the dy ofter deoth. Med. Director	(If In	Boltimore	City, give	exoct location)
DISEAUSE UNDO THER TO THE TOTAL TO THE TOTAL THE TOTA	daes not mean the failure, asthenia, etc. or complication whice ANTECEDENT ASES OR CONDITION TO SEE A CONDITION TO SEE A CONDITION TO SEE A CONDITION TO SEE OR CONDITION TO SEE OR CONDITION SEE	made of d. II means the checaused dir CAUSES ONS, if an ause (A) s N last. TIONS CONTILLATED TO THE VEN IN PART IT 1978. CONDILLATED TO THE VEN IN PART IT 1978. CONDILLATED TO THE VEN IN PART IT 1978. CONDILLATED TO THE VEN IN PART IT 1979. CONDILLATED TO THE VEN IN THE	ne disease, leath.) ny, giving slating the transported from the transpo	(B) DUE TO, OR AS (B) DUE TO, OR AS (C) OF INJURY (e.g., e. form, foctory, street, company of the company of	20A. AU Y in or obout 21 office bldg, IN 21 le	F. HOW DID INJ and the divertion of the	URY OCCUR?	Boltimore Dour) opin	20	19 0 9 accurred on the



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

J)-400	69	11513	3	HEALTH DEPARTMENT	REG. NO.	69 11513
	TH NO.		TTO10	CERTIFICA	TE OF DEATH		
(Ту	IAME OF DEC pe or Print)	JOHN	HENRY		//	120/69.	11150. P. M
3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. Il ins	titution: residence before admission)
II HO	LL NAME OF SPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	BAZTIMORE C. CITY OR TOWN	MD.	DE CITY LIMBS?
	_ (IN/	VERSITY A	6SPITA	7	BACT.	J. 114312	YES NO
	38		031 777		E. STREET AND NUMBER	ruid Hill	Ave.
5.	SEX M	6. RACE	7- MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lest birthdoy) 5.	If Under 1 Yr. If Under 24 His. Months Days Haurs Min.
104	USUAL OCCI	JPATION (Give kind of work			11. BIRTHPLACE (State or lore	eign country)	12. CITIZEN OF WHAT COUNTRY
T	ractor (Gen. Re	efractories	Baltimore, Mar	-	U.S.A.
	FATHER'S NAM	JOHN DOW	1526		14. MOTHER'S MAIDEN NA ROSIE	WEBB.	
15. (Ye:	Was Deceased Lina ar unknown) No	Ever in U. S. Armed Fer all yes, give war ar date	ces? s of service)	216-10-5771	MRS SANDERS	· TEL: - 52	ADDRESS 23 - 5986.
	18. / 4	4 X1		CAUSE OF DEATH	1		APPROXIMATE INTERVAL
-		E OR CONDITION DIE	RECTLY		Dance		BETWEEN ONSET AND DEATH
	(This does n	ot mean the mode of	dving, e.g.,	(A) IMMEDIATE CAU	SE TERITO A CONSEQUENCE OF:	NITIS.	4- M/S.
	heart failure,	asthenio, etc. It means	the disease,	DUE 10, OR A3 /	CONSEQUENCE OF:		
		ANTECEDENT CAUSES		BOWE	L PERFORATIO	N.	4 DAYS.
		R CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF;	,	, 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	rise to the UNDERLYING	abave cause (A) CONDITION lost	stating the	(c) CARCIA	IOMA FLOOR	OF HOUTH	L 5 YRS.
CERTIFICATION	TO THE DEATI	II ICANT CONDITIONS COI H BUT NOT RELATED TO THE ONDITION GIVEN IN PART	IE TERMINAL		MALNUTRITI	ON.	6 MONTHS.
TIFIC/	19A. DATE OF	OPERATION 198 CON 2 - 69 WAS PERF	DITION FOR V	WHICH OPERATION LINGTRITION DYSPHAG	20A. AUTOPSY? (Yes or No	208 IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
	21A. ACCIDEN OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medical exomined	218,	PLACE OF INJURY (e.g., in e, farm, factory, street, of	or obout 21 C. WHERE DID	(It in Baltimore	City, give exact facation)
MEDICAL	21D. TIME	(Month) (Day) (Year)	Heun 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
W	OF INJURY IAPPROXI		Whi	le At Not White			
	22. I certify	that (1) (this hospital) attended th		11/10	19 69 to	11/20 19 69.
	that (1) (we)	last sow the decease	d alive on	11/20	1 An		ion deoth accurred on the dote
					iew the bady after deoth.		
	23A. SIGNATU	RE Affather.					23B, DATE SIGNED
		/ ' /	11.2.	DEGREE Phys.	Med. Director	Staff Phys.	11-20-69.
	23C. PHYSICIAI NAME (Ty	pe) JOHN H.	MATHE	×. 2	3D. ADDRESS	BMY 1/0	SPITAL.
244	REMOVAL (S Burial	MATION, 248. DATE 11-25-69		ME el CEMETERY el CRE		ocation (City,	, town, or countyl (State) and
25A	V 24 19	A HERMITH DENT S	SECUMPE	PREGISTRAR	25C. FUNERAL DIRECTOR	R	ADDRESS
VS	150-REV. 1/1/6	8					



L-136	69 11514 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH.
1	MEDICAL EXAMINED'S CEDTIFICATE OF DEATH
	MEDICAL EXAMINATES CERTIFICATE OF DEATH

4-120	MED	ICAL	EXAMINER'S	CERTIFICATE OF	DEATH	69 11514
BIRTH NO.					REG. NO.	
1. NAME OF DECE		ET LE	FTWRICH	2. DATE Known 🖾 OF DEATH Estimoted 🗆	November 19,	Yeor Hour 1969
4. PLACE IN BALTI	MORE, MARYLAND, W	VHERE PE	RONOUNCED DEAD	3. DATE	Month Doy	Yeor Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INS	TITUTION, GIVE STREET	PRONOUNCED DEAD	November 19,	1969 5:40 P.M.
00	931 Pennsylv	ania	Avenue	5. USUAL RESIDENCE (When A. STATE Maryland	re deceased lived. If Institution B. COUNTY	n: residence before odmission)
6. SEX 7	7. RACE	8. MARR	IED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE C	ITY LIMITS?
Female Negro WIDOWED DIVORCED				Baltimore	_	ES NO
9. DATE OF BIRTH 4-15-15	10. AGE (Ir lost birthdo	yeors y)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER	sylvania Avenu	
	ote or foreign country)		12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	oy I vaniza II vana	
			0000110	Unknown		
done during most of wo	rking life, even it refired)	148. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NA Unknown	WE	
16. WAS DECEASED	EVER IN U.S. ARMED	FORCES		18. INFORMANT	A	DDRESS
No	i yes, give wor or doles	or service,	213-18-3875	Redmond McClai	in - 1931 Penn:	sylvania Ave.
19. 4/1	21		CAUSE OF DEAT	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE	OR CONDITION DIREC	CTLY	Hypertens	ive and arterios	sclerotic	DETWEEN ONSET AND DEATH
LE	ADING TO DEATH		(A)IMMEDIATE C	AUSE cardiova	ascular diseas	e
heart toilure, o	meon the mode of dy	discose,	DUETO, OR A	S A CONSEQUENCE OF:		***************************************
injury or comp	licotion which coused dea	th.)				
	ECEDENT CAUSES	230	(8)			
RISE TO THE	ABOVE CAUSE (A) STAT	ING THE	DUE TO, OR A	AS A CONSEQUENCE OF:		
Z	CONDITION LAST.		(c)			
271150 5101115	11					
O THE DEAT	ICANT CONDITIONS CO H BUT NOT RELATED TO ONDITION GIVEN IN PA	THE TERMI	NAL			
20A. DATE OF			FOR WHICH OPERATION WA	S PERFORMED		21. AUTOPSY? (Yes or No)
17	20125					No
	AL CAUSE WAS		22B.PLACE OF INJURY(e.g., I	n or obout 22C. WHERE DID	(If In Boltimore City, give exo	
			home, form, foctory, street, office	bidg., etc.) INJURY OCCUR?		
OF INJURY	onth) (Doy) (Yeor)) (Hour) 22E.INJURY OCCURRED	22F. HOW DID IN	JURY OCCUR?	
(APPROX.)		- 115	m. WHILE AT NOT WORK AT WO	WHILE CORK		
1 certify		quiry [Inspection Aut	apsy and that an t	his basis, death in my	opinian
resulted	d fram: Natural caus	E 200	Accident Suicide		Undetermined manner	
	1.0			CHIEF MEDICAL		
ACTUAL SIGNATUR	- Charle	20.	M.D.	ASSISTANT MEDICAL	EXAMINER X	DATE SIGNED
EXAMINER NAME (Typ	S Charle	s S.	Springate, M.D.	ASSOCIATE MEDICAL	EXAMINER Nove	mber 20, 1969
24A. BURIAL CREMA REMOVAL (Specify)			24C. NAME of CEMETERY of	r CREMATORY 24D.	LOCATION (City, town	, or county) (Stole)
Burial	1124-6	9	Mt. Aubur	n Cemetery	Baltimore,	
25A. DATE REC'D BY	HEALTH DEPT.	25B. NA	AME OF REGISTRAR	25C. FUNERAL DIRECTO		DDRESS
NOV Z	# 1909 763e	63	abou N.D.	Charles F		ary,802 Mad.A
VS 151-REV. 1/1/68		1 1		- Charles	· · Law · · · · · · · · ·	dry, ooz mad. A

Property of the party of the pa

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		ATE OF DEATH REG. NO. 69 11515					
	BIRTH NO.	ATE OF DEATH					
	(Type or Pant) MAYDE DOTSON	2. DATE AND HOUR OF DEATH					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decessed lived. If institution: residence before admission) A. STATE B. DUNTY					
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OF TOWN D. INSIDE CITY LIMITS?					
1	Smaryland General Hespital	E. STREET AND NUMBER					
	5. SEX 6. RACE 7. MARRIED 1 AUGUST MARRIED	3400 N. H. HON Rd-					
	F. No. WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.					
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTI	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	None. 13. FATHER'S NAME	W.S. A.					
		14. MOTHER'S MAIDEN NAME					
II,	Edward perkins 5. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	Lida Perkins					
-11.	(Tes, no of unknown) (If yes, give wor of dotes of service) SECURITY NO.	Charles Dotson, 3113 Sequoia St.					
IF	18. CAUSE OF DEA	Φ					
	DISEASE OR CONDITION DIRECTLY A-C	2 VI To agree Charles Charlet on Set and Death					
	LEADING TO DEATH (A) IMMEDIATE CAUSE ACUTE MIT? Illed transfusion Vears						
	heori failure, asihenia, elc. il means the disease, injury ar camplication which caused death.) DUE 10, OR AS A CONSEQUENCE OF:						
	ANTECEDENT CAUSES Delabetes membre years						
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:						
	rise to the obove cause (A) stoling the UNDERLYING CONDITION tast, (C) August (C)						
	Z II AM AM MAN SEVERY HARDING						
11	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED						
	WAS PERFORMED IN CERTIFYING PAUSES OF DEATH?						
11	OR CONTRIBUTING CAUSE OF home, form, foctory, street	in or obout 21 C. WHERE DID (If In Bolt)more City, give exect location)					
111	DEATH (notify medical examine)						
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not Wh	21F. HOW DID INJURY OCCUR?					
	WORK LL AT WOR						
	22. I certify that (I) (this hospital) attended the deceased from						
	that (1) (we) last saw the deceased alive on						
	and have and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED						
	8 14 Chee Attending Med. Staff 12 11 20 68						
	23C. PHYSICIAN'S NAME Gypel	23D. ADDRESS					
	J.H. Chin MD	manufand General Hosh					
2	44. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CE	EMATORY / 24D. LOCATION (City, town, or county) (Stole)					
	Burial 11-25-69 Arbutus Mem						
	NOV 24 1969 The See S. Now of REGISTRAR	ocharles . Law, 802 Madison Ave/					
۱F	\$ 150-REV. 1/1/68						

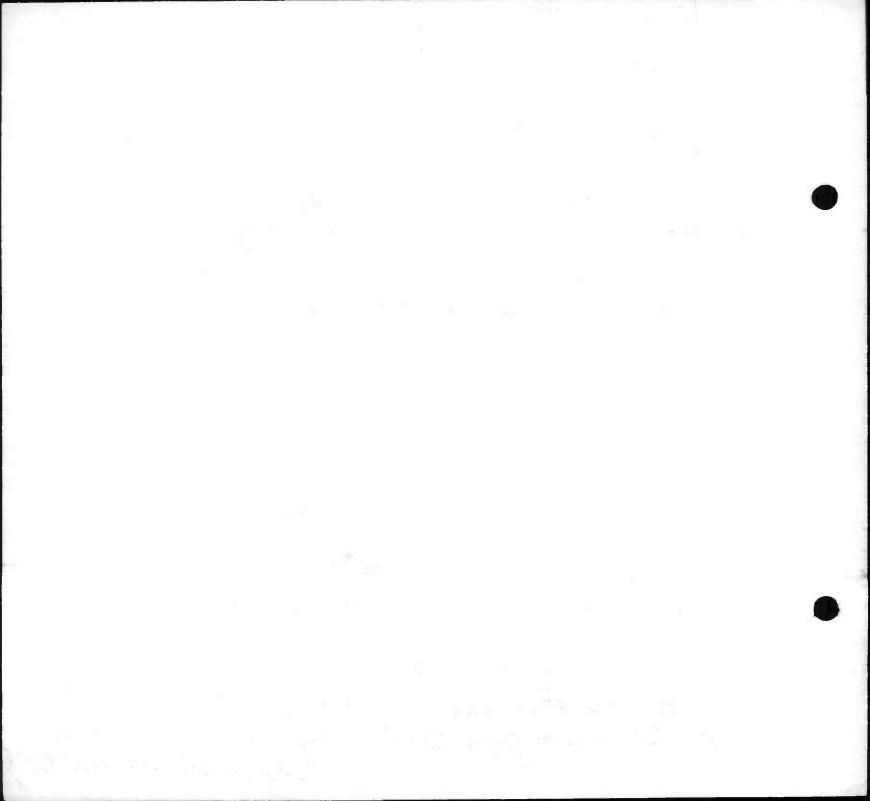
- TM ASLVD OF THE STATE OF Dinhete millites

W-524	69 11516 BALTIMORE CITY HEALTH DEPARTMENT		00	44=40
00 00 1	MEDICAL EXAMINER'S CERTIFICATE	OF DEATH REG. NO.	69	11510

BIRTH NO.	REG. NO.						
1. NAME OF DECEASED	2. DATE Known Month Doy Year Hour						
(Type or Print) REGIS WINSLOW	OF DEATH Estimated Nov. 17.1969						
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Doy Year Haur						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD November 17,1969 1:15 P.M.						
94 LOYOLA COLLEGE (BOA)	S. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY Maryland						
6. SEX 7. RACE B. MARRIED NEVER MARRIED							
Male White WIDOWED DIVORCED							
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	Baltimore YES X NO L						
last birthdoy) Manths, Days, Hours, Min.	Loyola College						
11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF	13. FATHER'S NAME						
WHAT COUNTRY?	JOSEPH J. WINSLOW						
PITTSBURG PA 144. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY	JUSEPH J. WINSLUW						
done during most of working life, even if retired)							
R.C. PRIEST TEACHER	FRANCES VANDERGRIFT						
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown)((If yes, give wor or dates of service) 17. SOCIAL SECURITY NO.	1B. INFORMANT ADDRESS						
The state of the s	REV. McANDREWS LOYOLA COLLEGE						
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL						
3 //.8 man al	BETWEEN ONSET AND DEATH						
	nopneumonia						
LEADING TO DEATH (A)IMMEDIATE C							
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury ar complication which caused death.)							
Fotte	Makamanah ada ada Timur						
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	Metamorphosis of Liver AS A CONSEQUENCE OF:						
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF.						
UNDERLYING CONDITION LAST. (C)	######################################						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or Na)						
0 /	yes						
₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,							
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in ar about 22C. WHERE DID (If in Boltimare City, give exact lacation) INJURY OCCUR? 12D. TIME (Manth) (Day) (Year) (Hour) 12E.INJURY OCCURED 22F. HOW DID INJURY OCCUR?							
OF INJURY WHILE AT NOT WHILE							
m, WORK AT WORK							
resulted from: Natural couses Accident Suicide Homicide Undetermined monner							
1 1011/1/1/	CHIEF MEDICAL EXAMINER DATE SIGNED						
SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER							
EXAMINER'S Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER 11/18/69							
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY							
REMOVAL (Specify)	COLLEGE WOODSHOOM MA						
BURTAL 11/20/69 WOODSTOCK 25A. DATE REC'D BY HEALTH DEPL. 288: NAME OF REGISTRAR	COLLEGE WOODSTOCK, MD.						
25A. DATE REC'D BY HEALTH DEPT. 288: NAME OF REGISTRAR							
MAN DE 1900 STORES THE STORES	H. W. MEARS & SON 805 N. CALVERT S:						

. THE PROPERTY OF THE POPERTY. THE RESERVE OF THE PARTY OF THE . The first of T' is a second state of T' in T'g. fr. edati

M-312 BALTIMORE CITY HEALTH DEPARTMENT CO. 11	r47					
BIRTH NO. 69 11517 CERTIFICATE OF DEATH REG. NO. 69 11	211					
(Type of Print) (Sp. 14) F. 1. A MATTER 100						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, Il institution: residence A. STATE B. COUNTY	ce before odmission)					
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?	MD 2102,					
1344 WARHINGTON DEVD. BARTIMONES YES	No 🗌					
0013 ALTIMORE MD. ESTREET AND NUMBER 1344 WARAINGTON BUDD.						
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months! Doys	If Under 24 Hrs.					
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN O	FWHAT COUNTRY?					
HOUSWIFE - MARYLAND ()	SA					
13. FATHER'S NAME						
15. Wes Deceased Ever in U. S. Anned Forces? (Yes, no or unknown) [III yes, give wor or doles of service) ADDI SECURITY NO.	RESS					
DEPENDUD 216-28-6538-A HOSPARI CHAPIT. UNIV. HOSP	BALTION					
CAUSE OF DEATH	OXIMATE INTERVAL					
LEADING TO DEATH	No					
(This does not meen the mode of dying, e.g., heart foilure, astherio, etc. It means the disease, injury or complication which coused death.)	<u> </u>					
ANTECEDENT CAUSES ANTELON SUBSTITUTE VASC. DISPUTE						
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the						
UNDERLYING CONDITION lost. (c) 27 HBETES MELLITUS						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A-DATE OF OPERATION WAS PERFORMED 19B-CONDITION FOR WHICH OPERATION WAS PERFORMED 20A-AUTOPSY? (Yes or No.) 10 CERTIFYING CAUSES OF DEATH: 10 CERTIFYING CAUSES OF DEATH: 10 CERTIFYING CAUSES OF DEATH: 11 CERTIFYING CAUSES OF DEATH: 12 CERTIFYING CAUSES OF DEATH: 13 CERTIFYING CAUSES OF DEATH: 14 CERTIFYING CAUSES OF DEATH: 15 CERTIFYING CAUSES OF DEATH: 16 CERTIFYING CAUSES OF DEATH: 17 CERTIFYING CAUSES OF DEATH: 18 CERTIFYING CAUSES OF DEATH: 18 CERTIFYING CAUSES OF DEATH: 19 CERTIFYING CAUSES OF DEATH: 10 CERTIFYING CAUSES OF DEATH: 10 CERTIFYING CAUSES OF DEATH: 10 CER	-					
DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONS IN CERTIFYING CAUSES OF DEATH.	IDERED					
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If In Boltimore City, give exect						
S DEATH (notify medical examiner) CAUSE OF home, form, foctory, street, olfice bidg., INJURY OCCUR?	locotion)					
OF INJURY (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
Work At Work						
22. I certify that Description attended the deceased from 19 69 to 100 / 8 that (II) (ME) last saw the deceased alive on 18 19 69 and that Id (my) (aux) enines death are	19 / 70 5					
and haur and from the couses stated above (I) (We) (did) (did not) view the body after death.						
23A. 81GNATURE 23B. DATE SIGN	ED					
23G. PHYSICIAN'S NAME, Hypel 23D. ADDRESS Affending Med. Director Phys. 22D. ADDRESS	169					
DRUCE FELE DEGREE UNIV. HOSP BALTIMORE 24A. BURIAL CREMATION, 124B. DATE 124C. NAME OF CREMATORY 124D. LOCATION (CITY town or country)	MD					
BURIAL 11-24-69 TAYLORS ISLAND CEMETERY OF CREMATORY 24D. LOCATION (City. town, or county)	Mc (Stote)					
25A. DATE REC'D BY HEARTH DERT. 25B. NAME DE REGISTRAR 25C. FUNERAL DIRECTOR AD	DRESS / 10/10					
VS 150-REV. 1/1/68						



1 7-260 69 11518 BALTIMORE CITY HEALTH DEPARTMENT

1		MED	ICAL E	XAMINER'S	CERTIFI	CATE OF	DEAT	H	69	11518
BI	RTH NO.							REG. NO	4,0	44,740
	NAME OF DEC		J. TUC	KER	2. DATE OF DEATH	Knawn 🔯 Estimated 🗆	Month Novem	ber 20,	Year 1969	Hnur
4.	. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			3. DATE		Month	Day	Yeor	Hour M.	
HC	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (DOA)				UNCED DEAD			1969	8:41 A. M.	
		th Baltimore	General	` '	A. STATE	ESIDENCE (Where Maryland		ed. If institution: B. COUNTY	residence	before admission)
6.	SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OF	4		D. INSIDE CIT	Y LIMITS?	
	Male	White	WIDOWED	DIVORCED [Baltimore		YE	s 🔲	NO 🗌
9.	1/3 C	last histhda		nder 1 Yr. If Under 24 Hrs. ths: Days Haurs Min.	E. STREET	1840 West	nhal S	treet		
ii.	BIRTHPLACE (itate or foreign country)		CITIZEN OF	13. FATHER		pilai b	LICCL		
١,	MARU	ANd		WHAT COUNTRY?	JAI	nes T	UCK	eR		
144	USUAL OCCU	PATION (Give kind of work varking lile, even if retired)	148. KIND OF	BUSINESS OR INDUSTR						
1	, ,	DIFE			MAK	annet	11/4	1ERS		
16. (Ye	WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	18. INFOR	WANT	1	AD AD	DRESS	/
1	DUIT				VIRGI	NIA WOW	NSON	HRNO		1114.
1	19.	2.41	6	CAUSE OF DEA	тн					APPROXIMATE INTERVAL WEEN ONSET AND DEATH
		E OR CONDITION DIREC	CTLY	Arterioso	lerotic	cardiova	scular	disease		
1		LEADING TO DEATH	ing an	(A)IMMEDIATE	AUSE					
1	(This does not mean the mode of dying, e.g., heart lailure, asthenia, eic. It means the diseose, Injury or complication which caused death.)									
	mory of complication which coused degili.									
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR A				AS A CONSE	DUENCE OF:				
Ł	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.									
NO O	(c)									
TIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL									
RTH	DISEASE OR CONDITION GIVEN IN PART 1 (A). 20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA				AS DEDECTA	IED			21 AUT	DOCKO (Vo. or No.)
CER	1	0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	ADMINITION OR	WINCH OF ERAHOR W	AS FERFORM				ZI. AUIC	OPSY? (Yes or No)
14	22A. EXTER	NAL CAUSE WAS	122B.	PLACE OF INJURY(e.g.,	in or about 2	2C. WHERE DID	If In Boltimor	e City, alve evan	t location\	Yes
MEDIC	UNDERLYING OR CONTRIB- Hame, farm, lactory, street, ollice bldg., etc.) INJURY OCCUR?									
1	OF INJURY (APPROX.)	(Month) (Doy) (Year	· · · · · ·		WHILE	2F. HOW DID IN.	JURY OCCL	JR?		
Г	23.		m. \	VORK L AT W	ORK L				-	
ı	1 certify that I held an Inquiry Inspection Autopsy Mand that an this basis, death in my apinion									
1	resul	ed fram: Natural cau	ses 🛚 A	geident Sulcid	le H	ımlcide 🔲 🔝	Undetermin	ned manner]	
1	A CTUAL	000		115 -0		CHIEF MEDICAL E	XAMINER			DATE CICNED
	SIGNATI	JRE Mart	11,0	Talemo	ASSI	STANT MEDICAL E	XAMINER			DATE SIGNED
L	EXAMIN NAME (1	ype) Charles	S. Spri	ngate, M.D.	ASSC	CIATE MEDICAL E	XAMINER	□ No	ovembe	er 20, 1969
24 RE	A. BURIAL CREA MOVAL (Speci	MATION, 248. DATE	/ 24	C. NAME of CEMETERY	ar CREMATO	ORY 24D.	LOCATION	(City, town,	or county	(State)
1	JURIA	11/24/	69	Witimeso 1	Ation	in/ He	Hime	PP,	ma	
23	A. DATE REC'D	BY HEALTH DEPT.	2582 NAME	OFFEGISTRAR	25C	UNERAL DIRECTO	OR C	AD	DRESS	-
	NOV 24	ושטיים פטיבו	9 6	9000	W/1h	Cilleson	120 1	= ton	L.	Ans
VC	151 DEL 1011		15. 1		1/6		JUL	-, / UKI		110-

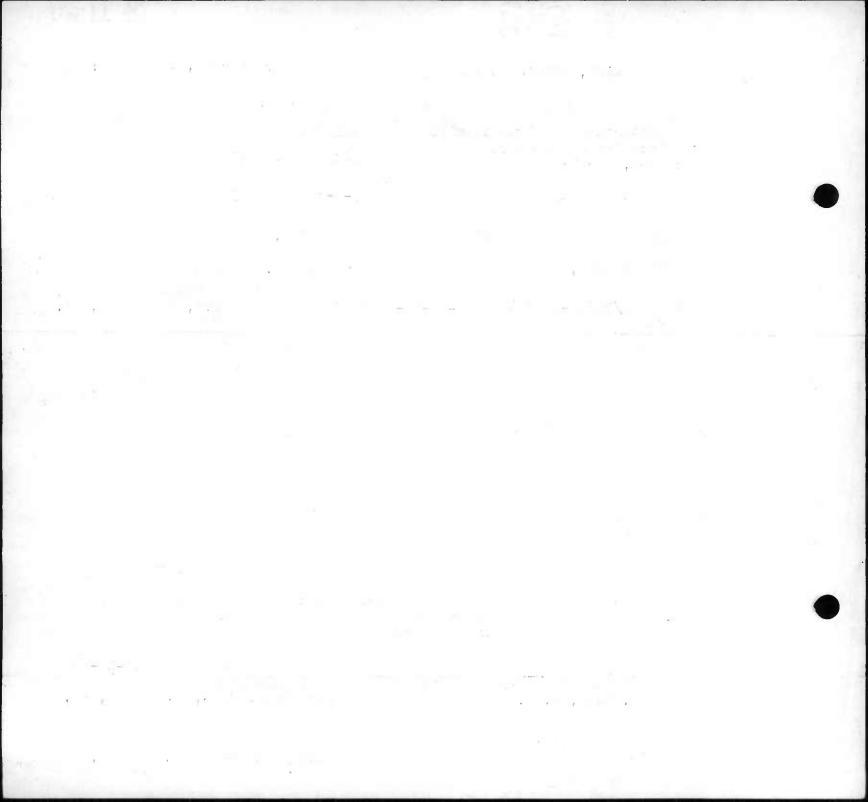
MINERLAND BESTE THINES TEXAGE December 11/14 feet Walterwee Abstrace Saltween Soll

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	HEALTH DEPARTMENT	60	11519
W-5/6 69 11	519 CERTIFICA	TE OF DEATH	REG. NO.	11919
BIRTH NO.	110		D HOUR OF DEATH	
(Type or Print) TOBIAS	101NACO	7 11/	1/10	15:55 1
KA. IOUINS	NELTABEK		21/67	3.33 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	A. STATE B. COUN	hands of an a	ion: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland	Balto.C.	5000
INSTITUTION		C. CITY OR TOWN	D. INSIDE C	
42		Peterrell	YES	NO C
- · //	K 1 - 2 - 2 - 7	E. STREET AND NUMBER	4	
SINAI HOSPITAL OF		Hooks	Lane	
5. SEX 6. RACE	NEVER MARRIED		9. AGE (In years If Ma	Under 1 Yr. If Under 24 Hrs. nths Days Hours Min.
WIDON		3/3/1910	59	
10A. USUAL OCCUPATION (Give kind of work 10B. KIN) done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country) 12.	CITIZEN OF WHAT COUNTRY?
0		manuel		1150
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	0(300
0		1 1		
David		Letta		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL	17. INFORMANT		ADDRESS
Tres, no or or known, in yes, give wor or doles or servi	1-1-1-1-11	2000	1.1.0	Same
100	CAUSE OF DEAT	Mrs Mode	wein yer	some
18.412.41	CAUSE OF DEAT	Н		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		1- t- P 0	C1	
	(A) IMMEDIATE CAL		orany Edera	2 hours.
(This does not meen the mode of dying, heart failure, asthenio, etc. It means the dise injury or complication which coused death.)		A CONSEQUENCE OF:	0	
ANTECEDENT CAUSES	A C	O VD		10
	(B) V ORAS	A CONSEQUENCE OF:		· · · ·
DISEASES OR CONDITIONS, if any, gi	· · · · · ·	A CONSEQUENCE OF.		
UNDERLYING CONDITION Iosi.	(C)			
11				
	NG			
O THE SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	VAL			
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUSES	INGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED		YES	IN CERTIFYING CAUSES	OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Boltimore City	y, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medicof exominer)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(,, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,, ,
0	Cicar			
21 D. TIME (Month) (Doy) (Yeon) (Hour) OF INJURY	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Work Not While At Work			,
20 1 44 1 20 1			11/	21/ 10/9
22. I certify that (this hospital) attend	ed the deceased from	1-1-1-1	19to	
that (1) (ast saw the deceased alive	on 11/21	19 <u></u>	et in (my) (🚄) opinion	deoth occurred on the date
ond haur and from the couses stated above	e. (I) () (drd) (did mat) v	riew the body after death.		
23A. SIGNATURE		7	238	DATE SIGNED
May 4	Atte	ending Med.	Stoff 1	1/- 1/9
23C. PHYSICIAN'S	DEGREE Phy	s. Director L 23D. ADDRESS	Phys.	1/2/10/
NAME (Type)	MO	Ziso. Adams	1/	P AT
HIDE LEUX,	1. D. DEGREE	Devar 1	tosp. of	Dollo.
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (Cry, to	wn, or county) (State)
REMOVAL (Specify)	Ha. Sin		m.00.	mil
Durial Not 27	ALE OF DEGISTRAD	DISC EUNERAL DISCOUR	wings mus	ADDRESS
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	120 & Smalle	9610 Resterstours)
NOV 24 1969 36 Bus E. Maris	10 C	2 Shirwing		The state of the s
V\$ 150-REV. 1/1/68				

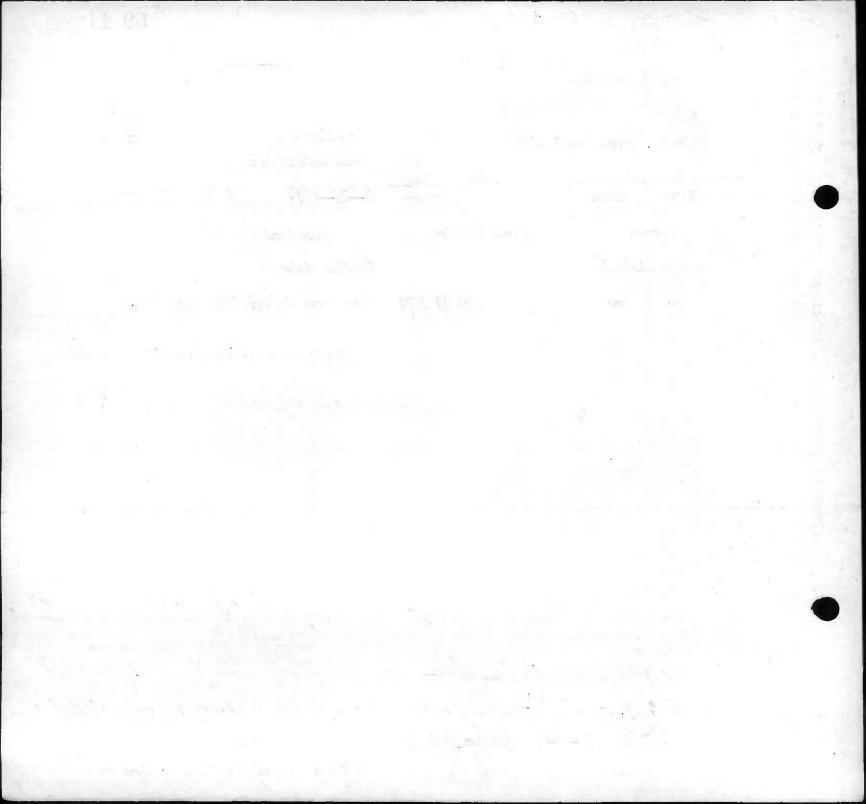
Hoches Street Land of July De Holle and June 1 the gallette But the text one of the

	AME OF DECEASED	NO MITTI	CAM CITT	ADI PC: TD		November		969 1	0:30 P
FU H O	TITUTION	NOT IN HOSPITAL DRESS OR LOCATION	OR INSTITU ON)	TION, GIVE STREET	A. STATE MARYT.A1 C. CITY OR TOW	B. COUNTY B. ALT BALT	osed lived. If in	stitution: resid	dence befare odmissia
7	vetera 900 Loch Ra altimore, M	ven Boule		ion Hospital	BALTIMO E. STREET AND 3043 FI		PET	YES K	NO [
5. S	MALE CAU	CASIAN 7.	WIDOWED	DIVORCED	7-4-30	lost bir	9	If Under 1 Months D	ays Hours Min.
dan	CLERK FATHER'S NAME			BUSINESS OR INDUSTRY		ORE, MD	ntry)		ED STATES
	WILLIAM C K		.7	1 6. SOCIAL	MILDRI	ED A. BAYI			DDRESS
Yes	, no or unknown) (If yes,	give war ar dates of 9/47-7/8/	of service)	SECURITY NO. 219-20-47-91 CAUSE OF DEAT	3900 Lo	A HOSPITA	AL RECOR	altimor	
	LEADIN (This does not mean heart failure, asthenia injury ar camplication	, etc. It means the which caused de DENT CAUSES IDITIONS, if an	ying, e.g., ne disease, eath.) y, giving	DUE TO, OR AS (B) DIABE	DIABETICA CONSEQUENCE	ITUS	LOSCLERO	osis	20 Month
RTIFICATION	OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION 19A. DATE OF OPERATI	II ONDITIONS CONT OT RELATED TO THE N GIVEN IN PART 1	TERMINAL I (A). TION FOR W	(C)		Y? (Yes or Na) 20B,	IF YES, WERE CERTIFYING CA	FINDINGS COUSES OF DE	ONSIDERED ATH?
C	21 A. ACCIDENT WAS OR CONTRIBUTING DEATH (natify medical	UNDERLYING CAUSE OF	21 B. hame etc.)	PLACE OF INJURY (e.g., i e, farm, factory, street, a		HERE DID OCCUR?	(If in Baltima	re Cily, give (xact lacation)
A		(Day) (Yeor) (INJURY OCCURRED		W DID INJURY O	CCUR?		
U	(A PPROX.)		War	le At Nat While At Work	e 🔲				
EOIC	(APPROX.) 22. I certify that (%) that (% (we) lost so	w the deceosed	ottended the	November 17 (We) (did) (XXXII) V	ptember 19 69 liew the body o	and that in (K)	23B. DATE	occurred on the d



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

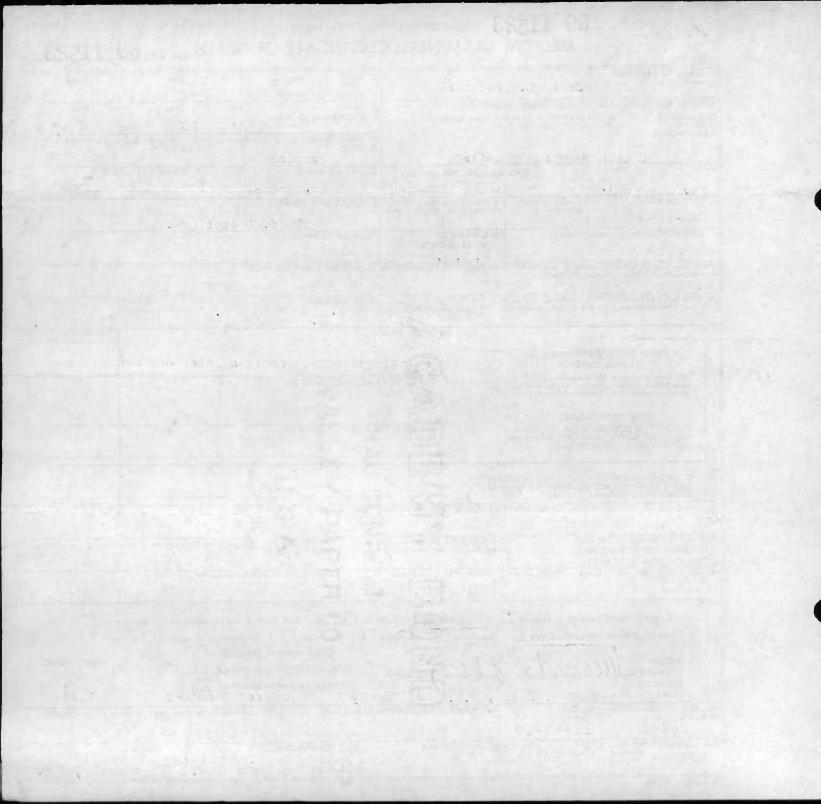
1.6	7	00	1.4 mO4	BALTIMORE CITY	HEALTH DEPARTMENT		00 44 61
BIRTH	-512 INO.	69	11521	CERTIFICA	TE OF DEATH	REG. NO	69 11521
	ME OF DECE or Print)	Josep	h Rimba	ıch		AND HOUR OF DEATH	н м.
FULL	NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU			DUNTY	institution: residence belore admission)
40		Agnes Hospita	l		Baltimore E. STREET AND NUMBER 4028 Walrad A		YES NO
5. SE)	lale	White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	6-25-1894	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
		orking life, even if retired)	Owner 1		11. BIRTHPLACE (Stole or Maryland) 14. MOTHER'S MAIDEN		12. CITIZEN OF WHAT COUNTRY?
	eorge Ri				Bertha Wiskow	NAME	
1S. W	no or unknown)	Ever in U. S. Armed For (II yes, give wor or dote NO	s of service)	1 6. SOCIAL SECURITY NO. 220 03 2571	Mrs Dova Rimb	ach 4028 Walr	ad Ave
TION	DISEASES OF THE STATE OF THE STATE OF THE DEATH	NTECEDENT CAUSES R CONDITIONS, if abave cause (A) CONDITION last. II CANT CONDITIONS CO	any, giving slaling lhe NTRIBUTING HE TERMINAL	(c)	A CONSEQUENCE OF:	nsis	
		OPERATION GIVEN IN PAR OPERATION 198. CON WAS PER	DITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes o	No) 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
J 2	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF	21 B. hom etc.)	e, form, foctory, street, o	ffice bldg., INJURY OCCUR	(If in Baltim	ore City, give exact location)
WED!	1D. TIME OF INJURY APPROX.)	(Month) (Day) (Yeor)		INJURY OCCURRED le A1 Not Whi k At Work	e C	INJURY OCCUR?	(1-)
t	22. I certify that (I) (this haspital) attended the deceased from 1967, that (I) (we) lost sow the deceased alive on 1969, and that In (my) (our) opinion death occurred on the date ond have and from the causes stated above. (I) (We) (did) (did not) view the body after death.						
2	3A STENATUR	AATION, 24B. DAPE	AKA 24C.NA	Ath Phy DEGREE Phy	anding Med. Director C 23D. ADDRESS BMATORY Med. Director C	Staff Phys.	238, DATE SIGNED 11/2/69 (Cify, town, or county) (Stote)
N	DATE REC'D OV 24 1	969 Pour E		TROISTRAR	250 FUNERAL DIREC		ollins St



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH pital and of death Deceased the Such NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo hospital death. 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance cause; (5) cause FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION CITY OF TOWN D INSIDE CITY LIMITS? 0 8 NO L 2 prior contributing E. STREET AND NUMBER Undetermined regular made 5. SEX 9. AGE (In years If Under 24 Hrs. 8. DATE If Under 1 Yr. 6. RACE 7. MARRIED NEVER MARRIED OF BIRTH deceased Hours lost birthdov) WIDOWED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition death 2 done during most of working life, even if retired) or INKNOWN nknown SID the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct (4) 3 MALION uo death 9 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT 6. SOCIAL Society 0 SECURITY NO Philoptohos attendance fin S. Poncas Unknown any OF APPROXIMATE INTERVAL pronounced 0 2 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not meon the mode of dying, e.g., DUE TO OR AS A CONSEQUENCE OF ular heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES who 5 (B)______DUE TO, OR AS A CONSEQUENCE OF: re are 4 DISEASES OR CONDITIONS, if any, giving (3) rise la the obave couse (A) stating the physician UNDERLYING CONDITION last. before the remains Was burns; П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED the 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? by 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (7) 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? where (If in Boltimore City, give exact location) AL hospital ON (9) DEATH (notify medical examiner) nature; MEDIC obtained 21 D. TIME (Hour) 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Yeor) 21E. INJURY OCCURRED OF INJURY except While At Not While (APPROX.) At Work and Work to the any 22. I certify tho this haspital) attended the deceased from and that in (aur) aplnian death accurred an the date that HF(we) last saw the deceased alive an pe hospital death) and haur and fram the causes stated abave. (# (We) (did) (didnot) view the bady after death. he body was released must accident 23A. SIGNATURE 23 B. DATE SIGNED must Attending⁴ 0 approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior + D NAME (Type An 4 CEMETERY OF CREMATOR deceased 0.0 REMOVAL (Specify) Greek Orthodox Cemeter shows: SID 25A. DATE REC'D BY HEALTH DEPT. Re. B E Jaber

P-236
69 11523 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH;

BI	RTH NC.		MILL	/ICAL	LVMMIIA	ILK 5	CKIIII	CATE OF	DEAT	REG. NO.	69]	1523
	NAME OF DEC	EASED					2. DATE	Known 🔯	Month	Doy	Year	Hour
					asternak		OF DEATH	Estimated				
		TIMORE, MA	ARYLAND, V	VHERE PE	ONOUNCED DE	AD	3. DATE		Manth	Day	Yeor	Haur M.
HO	LL NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	AL OR INS	TITUTION, GIVE STR	EET		JNCED DEAD	11	20	69	6:40 рм.
"							5. USUAL R	ESIDENCE (When	e deceased li	B. COUNTY	residence b	efore admission)
-		hurch	Home a				7. 317.12	Maryland		b. COUNTY	10	2,
6.	SEX	7. RACE		8. MARR	IED NEVER MA	ARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?	
	male	white		WIDOW	ED DIV	ORCED		Baltimon	e e	YE	s 😾 i	NO 🗆
	DATE OF BIRTI		10. AGE (In	n years y)	If Under 1 Yr. II Un Manths : Doys : Ho	nder 24 Hrs. ours ; Min.	E. STREET	ND NUMBER				
	10-18-			50				523 S.	Decker	Ave.		
	BIRTHPLACE (S Marylai		in country)		12. CITIZEN OF WHAT COUN	TRY?	13. FATHER					
144	USUAL OCCU	DATIONI/Gh	e kind al week	LAR MINID	OF BUSINESS OF) IN ID HET DI	Mic	hael				
GUIN	a duting most of w	orking lile, ev	en Il relired)	140. KIND	OF BUSINESS OF	KINDUSIKY						
	achine			Ste				yann Bo	rowski			
(Ye:	WAS DECEASI	(If yes, give v	U.S. ARMED	of Service)	? I7. SOCIAL SECURIT	Y NO.	18. INFORM	Vioton	100		DRESS	
N	0					L-2620	523	Victor: Deck	ir Ave	Paster nue. B		ore.Nd.
	19.	211			CAUS	E OF DEAT					API	ROXIMATE INTERVAL
	DISEASI	E OR COND	ITION DIRE	CTLY								EN ONSET AND DEATH
		EADING TO	DEATH		(A)18	Arteri	osclero	tic cardi	Lovascu	lar dise	ase	
	(This does no heart follure,	athenia etc	made of dy	ing, e.g.,			S A CONSEQ	UENCE OF:				***************************************
	Injury or com	plication whi	h coused dec	ith.)								
	AA	ITECEDENT	CALICEC									
	DISEASES C	R CONDITIO	ONS. IF ANY	, GIVING	(B)	UE TO, OR	AS A CONSEC	UENCE OF:				
	RISE TO THE	ABOVE CA	USE (A) STAT	ING THE								
ð					(c)							
V	OTHER SIGN	FICANT CON	II IDITIONS CO	NTRIBLIT	ING	46						
CERTIFICATION	TO THE DEA	TH BUT NOT	RELATED TO	THE TERMI	NAL							
RT					OR WHICH OPER	ATION WA	C DEDECORAL	ED			01 41170	
Ö	0				OK WINCH OF EK	AllOH HA	J FERFORM				no	SY? (Yes or No)
7	22A. EXTERN	VAL CAUSE	WAS	10	28 DI ACE OF IN	LUDV/			611 6 1			
MEDICAL	UNDERLYING UTING CAL	OR CON'	TRIB-	i	2B. PLACE OF IN	street, affice	bldg., etc.) IN	JURY OCCUR?	(II in Boltimar	e City, give exoc	lacation)	
	22D. TIME (ay) (Year) (Hour	22E, INJURY O	CCURRED	22	F. HOW DID IN	JURY OCCI	122		
	OF INJURY (APPROX.)				WHILE AT	NOT	WHILE					
	23.				m. WORK	AT W	ORK					
	1 certi	fy that I he	eld on Ir	aquiry [Inspection	Aut	opsy 🗌	ond that on th	als basis.	death in my a	ninian	
	result	ed from: N	otural cau:	ses 🔽	Accident	Sulcide				ed monner	,	
		1 -		7				HIEF MEDICAL E		monner _	,	
	ACTUAL	- 1101	444	1	511		ACCIC	TANT MEDICAL E		H		ATE SIGNED
	SIGN ATU EXAMINE	Marie of the last	vvy		4-10	,M.D.						
		ve) Wer	ner II.	Spit	2, M.D.	De	nuty Ch	ciate Medical e	XAMINER	∐ miner	11	/21/69
24A	. BURIAL CREM	ATION. 2	4B. DATE		24C. NAME of C				LOCATION	(City, Iown,		(State)
KEA	MOVAL (Specify Burial	()	11-24	-60								
25A	. DATE REC'D				HOLY RO	sary	Cemete		ltimo		yland	
1	NOV 24	1969	3 32.88	Jack	Sey A. D.	AK .	25C, F	holas T	· Nat	thews	DRESS	A PLANT
VS I	51-REV. 1/1/68			1	(3	1 1	2180	E LASTO	T'II AV	e., Bal	timor	e, Md.

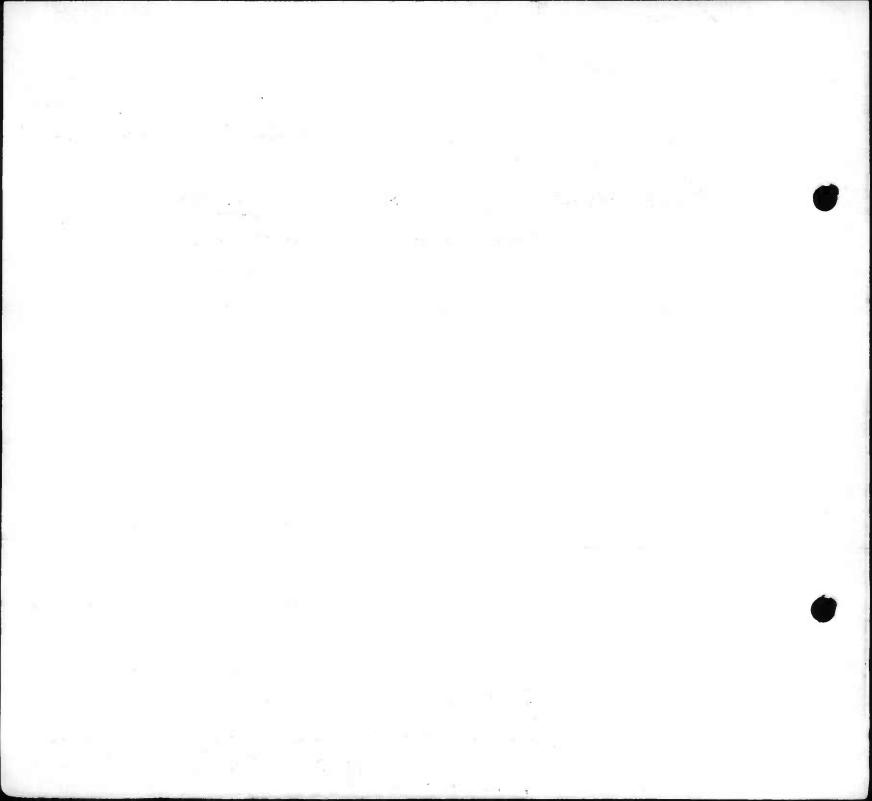


P-652	69 1152				
BIRTH NC.	MEDICA	L EXAMINER'S	CERTIFICATE OF DEAT	TH REG. NO. 65	11524
i. NAME OF DECEASED		X PRINGLE, JR.	2. DATE Known Manth OF DEATH Estimated	Day Ye	ear Hour
HOSPITAL AI	, MARYLAND, WHERE F NOT IN HOSPITAL OR IN DDRESS OR LOCATION)		3. DATE Month PRONOUNCED DEAD NOVEM	Doy Year 19,1969	3:32 A. M.
3 4 BON SECOU	RS HOSPITAL		S. USUAL RESIDENCE (Where deceased A. STATE Maryland	lived. If Institution: reside B. COUNTY	1803
6. SEX 7. RAC	MAI	RRIED NÉVER MARRIED X	C. CITY OR TOWN Baltimore	D. INSIDE CITY LIM	
9. DATE OF BIRTH Sept 9,1959	10. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.		YES 🔼	NO L
Maryland		12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Bobby M. Pringle		
4A.USUAL OCCUPATION fone during most of working lit	(Give kind of work 14B. KIN fe, even if retired)	D OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME Catherine Fawley		
6. WAS DECEASED EVER Yes, no or unknown) (If yes, g NO	R IN U.S. ARMED FORC	i7. SOCIAL SECURITY NO.	Catherine Pringl	e 849 W. L	s 21201 ombard St.
(This does not mean heart foilure, asthenia	DNDITION DIRECTLY G TO DEATH ihe mode of dying, e.g. p, etc. It means the disease which coused death.)	(A)IMMEDIATE C	le Traumatic Injuries		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CON	ENT CAUSES DITIONS, IF ANY, GIVIN CAUSE (A) STATING TH DITION LAST.	(B) DUE TO, OR	AS A CONSEQUENCE OF:		
IO THE DEATH BUT	CONDITIONS CONTRIBI NOT RELATED TO THE TER TON GIVEN IN PART 1 (A	MINAL			
20A. DATE OF OPERA		FOR WHICH OPERATION WA			Ves
UNDERLYING OF COUNTY OF THE CANAL CALL	ONTRIB- DEATH.	Street	In or obout 22C. WHERE DID (II in Boltime bidg., etc.) INJURY OCCUR? 1000 B of Washington B	lk.S.Monroe lvd.	St. 436'Nort
OF INJURY	(Doy) (Year) (Ho 3,1969 7:55	Pm. WHILE AT WORK AT W	WHILE X Pedestrian struc		
I certify that	I held on Inquiry		topsy 🗵 and that on this basis,	, death in my opinia	on.
		1 / 2			

CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER 11/19/69 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lown, or county) 11/22/69 Anne Arundel Co., Maryland Glen Haven Mem. Park Burial 250. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS Funeral Home Pratt&Stricker VS 151-REV. 1/1/6B

transfer of the second Selberino . animodesc diamine primale 29 . Longrost. Purial 11/22/ED 12/20 Letter Park Conce Frunce Local Lacal English

	11525
BIRTH NO. CERTIFICATE OF DEATH	
1. NAME OF DECEASED (Type or Print)	
Type of Pant VIRGINIA - F. D. ATMAN. 11. 21. 69	5.45 A . M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: resi	idence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND BALTIMOR	
[C. CITY OR TOWN DUNG BELIX D. INSIDE CITY LIM	
35 CHURCH HOME AND HOSPITAL BALTHMORE E. STREET AND NUMBER 72 NORTH SHIP ROAD 21	NO A
BALTMORE ND 21231 72 NORTH SHIP ROAD 21	222.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years If Under)	Yt. If Under 24 Hrs. Pays Hours Min.
TENAL WIDOWED DIVORCED S 25. /8 1.57 3 1	
dane_during most of working life, even if refired)	N OF WHAT COUNTRY?
	AMERICAN
14. MOTHER'S MAIDEN NAME	
ROBERT B. NEWMAN FLORA LEE.	
[[Tes, no of unknown][(If yes, give wor or dotes of service) SECURITY NO.	ADDRESS
NO - 089 01 5882 Dr Prabir K. Bose Chur	the Home a
last the state of	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	
(This does not meen the mode of dying, e.g.,	
near totture, asinento, etc. If means the disease,	
injury or complication which coused death.) ANTECEDENT CAUSES O METASTASES.	
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:	
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ENTERO CUTANEOUS FISTULA OBJECT OF THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	ANCIDERED
WAS PERFORMED	ATH?
U 21A. ACCIDENT WAS UNDERLYING [218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (II in Boltimore City, give e	exact location)
OR CONTRIBUTING CAUSE OF hame, form, factory, street, office bldg., INJURY OCCUR?	
O 21D-TIME (Month) (Doy) (Year) (Hour) 21E INITIES OCCUPED 21E HOW DID INITIES OCCUPE	
While At Work	
22. 1 certify that (1) (this hospital) attended the deceased fram//	7 / 10 /9:
that (1) (we) last saw the deceased alive an	
and have and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.	decoured an ine days
23A. SIGNATURE 23B. DATE	SIGNED
Praker K. Book N.D DEGREE Phys. Med. Director Phys. 1/.	21.69.
23C. PHYSICIAN'S	
TRABIR, K. BOSE MD Church Home & Hespital	
1240. NAME OF CEMETERY OF CREMATORY 1240. LOCATION / City, town, or c	county) (State)
BURIAL 11/24/1969 WULHNET VALLET MEM GADNS BALTIMORE COU.	NTY, ME
BURIAL 11/24/1969 DULANET VALLET NIEM GROWS BALTIMORE COU. 25A. DATE REC'D BY HEALTH DEPL DESENTANTE OF REGISTRAR NOV 24 1969 Sept of Secretary Country Coun	KSP RESS //CL
VS 150-REV. 1/1/68	



1	
his assistant if death occurred in a hospital and iso, if the direct or contributing cause of death of any kind; (4) Undetermined cause; (5) Deceased unced death was in regular attendance on the tendance on the deceased prior to death. Such ed or final disposition is made.	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.	2 2

7 BII	K-120 69	11526		HEALTH DEPARTMENT	X	9 11526
1.1	NAME OF DECEASED Minnie, C	. Kořsky			AND HOUR OF DEATH	30/2
FL	PLACE IN BALTIMORE, MARYLAND, WE LILL NAME OF (IF NOT IN HOSPITA DISPITAL OR ADDRESS OR LOCA'S STITUTION	L OR INSTITUTE	utel	A. STATE R. CO A. STATE R. CO M. D C. CITY OR TOWN Pylosvillo	Harford D. INSIDE	Lion residence before admission
	3 5 Church Home & Hos	pital		E. STREET AND NUMBE	R	house and
	Memale White	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	last birthday)	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
doi	N. USUAL OCCUPATION (Give kind of work) ne during most of working life, even if refired)	OR KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country) Pennsylvania	U.S.A.
13.	FATHER'S NAME Jacob Miem JACOB MIEMC				NAME Anna Schnie	
15. (Ye	Was Deceased Ever in U. S. Armed Forces, no or unknown) (If yes, give wer or dotes	of sorvicel	6. SOCIAL SECURITY NO. NONO	17. INFORMANT HUSE		ADDRESS 54 Pylesville, Md
	DISEASE OR CONDITION DIRE	CTLY		prietry ares	C	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not meen the made of the heart failure, asthenia, otc. It means it injury at camplication which caused of ANTECEDENT CAUSES	he disease,	(A) IMMEDIATE CAU DUE TO, OR AS	CONSEQUENCE OF:	ety Inerspier	***************************************
	DISEASES OR CONDITIONS, if an inso to the above cause IA) a UNDERLYING CONDITION last.	ny, giving stating the	(B) DUE TO, OR AS	A CONSEQUENCE OF:	ely soll flan	
ATION	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	TERMINAL	¥			***************************************
ERTIFIC	19A. DATE OF OPERATION 19B. CONDI	THON FOR WH	Irechiosty	NO NO	IN CERTIFYING CAUSES	INGS CONSIDERED
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inatify medical examines	21 B. PL hame, olc.)	ACE OF INJURY (e.g., le larm, foctory, street, of	of obout 21C. WHERE DIE INJURY OCCUR	(If In Boltimore CII	y, give exect location)
MEDI	21 D. TIME (Month) (Doy) (Your) OF INJURY IAPPROXI	(Haud 21 & IN While Work	At Not While		INJURY OCCUR?	
	22. I certify that (I) (this hospital) that (I) (we) last saw the deceased				19toU/29/6	death occurred an the date
	and haur and from the causes state	d abave. (I) (MO	ew the bady after deat	zh. 23 B	DATE SIGNED 11/19/69
	23C. PHYSICIAN'S NAME (Type)		DEGREE Phys.	3D. ADDRESS	Phys.	
24/	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C.NAM	DEGREE E of CEMETERY of CREA		& Hospital, Balt	co. Md. www. or county) (Stote)
25/	Burial 11/24/69	SE NAME OF	k Lawn	25C. FUNERAL DIRECT	li de la companya de	ADDRESS 21222
	10V 24 1969 Pales E	various "	79	John V. Dud	a 7922 Wise Ave	Dundalk, Md.

a with transfer of

See Main Allen

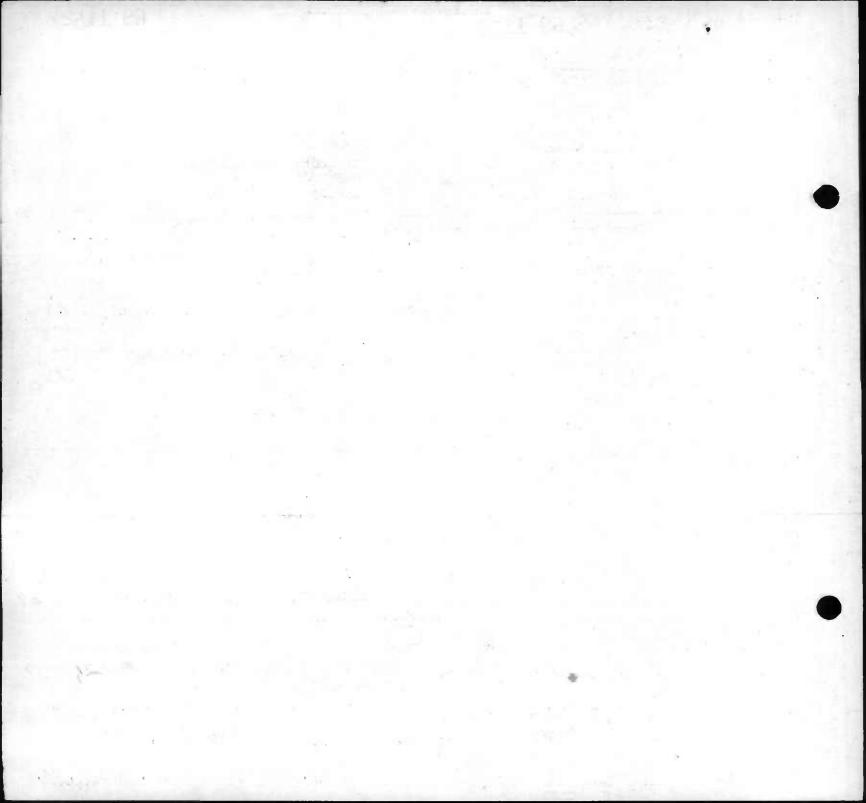
SECTIVE SELECT

THE MELLY

	0
	if death
	4
IMPORTANT	assistant
AP	his
S	20
DIRECTOR:	hief medical examiner or his assistant
PR	Cal
NERAL	medi
ER	4
Z	2

55-69-11 dis BALTIMORE CITY HEALTH DEPARTMENT 69 11527. CERTIFICATE OF DEATH of death Deceased Such and 2. DATE AND HOUR OF DEATH 1. NAME OF DECEASED Type CHARLES E. DIETZ November 21, 1969 6:50 A. hospital 0 death. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE attendance (5) cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland Baltimore FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? canse; 0 O Dundælk Baltimore City Hospitals NO X YES prior 6 4940 Eastern Avenue E. STREET AND NUMBER contributin curred 21224 21222 Baltimore, Maryland 218 South Woodwell Road etermined made regular 9. AGE (In years 6. RACE 8. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. 7. MARRIED NEVER MARRIED Hours deceased tost birthdoy 5-30-02 Male White DIVORCED WIDOWED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 2 disposition done during most of working life, even if retired) Consolidated Foods Ö 0 U.S.A. Pennsylvania (4) Un Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the Clinton Annie Wendler Dietz death OD 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 4940 Eastern Avenue attendance No War Yes 198-03-4954 BCH: Records Baltimore, Maryland any CAUSE OF DEATH APPROXIMATE INTERVAL pronounced 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med of LEADING TO DEATH racture (This daes not mean the mode at dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl foiture, asthenio, etc. Il meons the diseose, gular mba injury or camplication which caused death.) ANTECEDENT CAUSES who 0 (B)_______DUE TO, OR AS A re are DISEASES OR CONDITIONS, il ony, giving rise to the above cause (A) stating the physician UNDERLYING CONDITION last. remains Was burns; 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) the (2) Body 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPAY? (Yes or No) the O CERTIFI WAS PERFORMED before OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? where (If In Boltimore City, give exact location) hospital å AL DEATH (notily medical examiner nature; MEDIC. obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY Not While (except While At (APPROX.) At Work Work and the October 29. any 0021 22. I certify that (1) (this haspital) attended the deceased fram NOV.20 19 69 and that in my (aur) apinian death accurred an the date that (1) (we) last saw the deceased alive an be death) of hospital and haur and fram the causes stated abave ((1)(We) (did) (did nat) view the bady after death. was released must accident 23A. SIGNATURE 23B, DATE SIGNED Attending Med. 40 Phys. Director approval 23C. PHYSICIAN'S NAME (Type) O 23D Baltimore City Hospitals prior 40 EDWARD J. LEE M.D. 4940 Eastern Avenue Baltimore, Maryland DEGREE 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) eceased 0.0 REMOVAL (Specily) written White Marsh, Maryland shows: Holly Hill Memorial Gardens Burial

POB. NAME OF PEGISTRAN ADDRESS 250 FUNERAL DIRECTOR John J. Duda 7922 Wise Ave. Dundalk, Md. 21222 VS 150-REV. 1/1/68



was D.O.A.

Such

on the

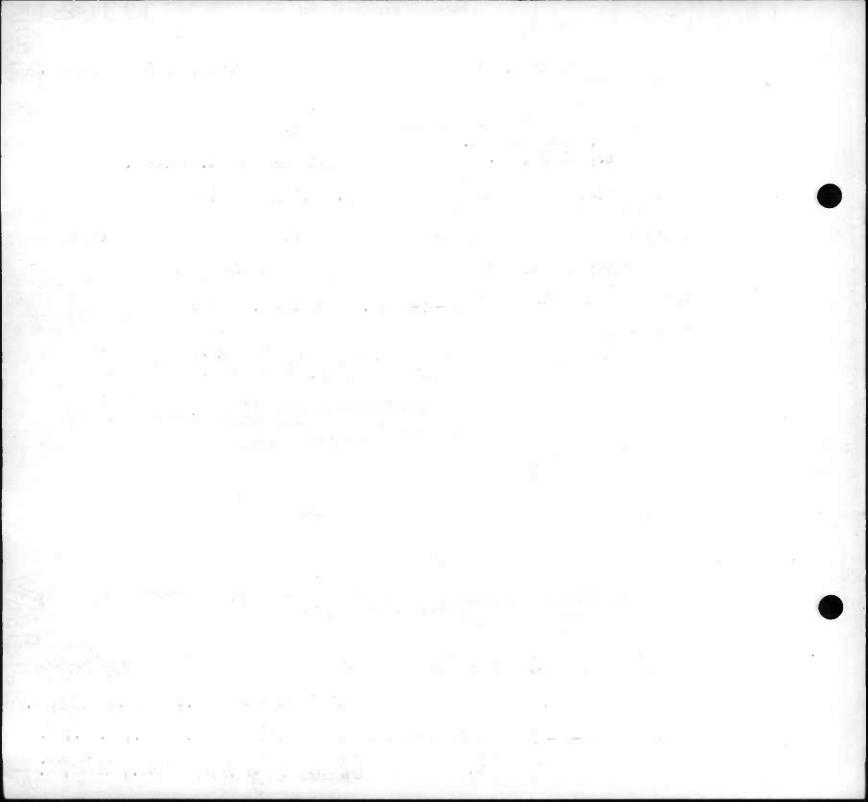
attendance

0

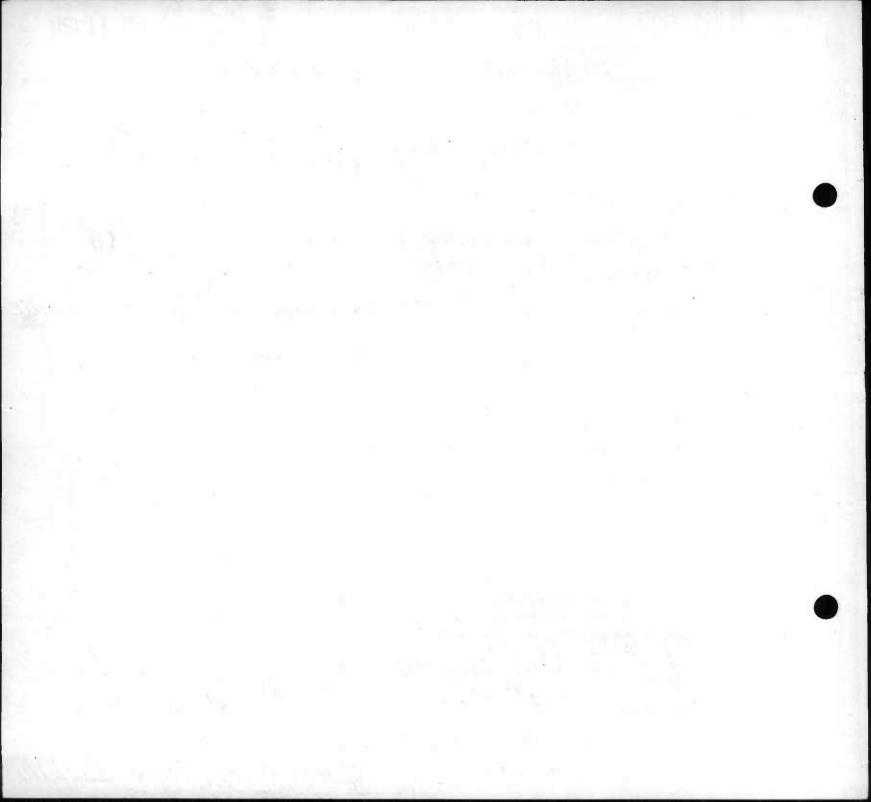
prior

0 300	BALTIMORE CIT	Y HEALTH DEPARTMENT	69 11528
C'-322 69	11528 CERTIFICA	ATE OF DEATH REG. NO	
BIRTH NO.	TEORGE CERTIFICA		
1. NAME OF DECEASED (Type or Print)		2, DATE AND HOUR OF DE	
MAR		November 18,	1969 5:50 P. A
3. PLACE IN BALTIMORE, MARYLAND, V	WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived	If institution: residence before admission
FULL NAME OF (IF NOT IN HOSPI	TAL OR INSTITUTION, GIVE STREET	Md.	2605
HOSPITAL OR ADDRESS OR LOC	CATION)		INSIDE CITY LIMITS?
House In The	Pines - Belvedere	Baltimore	YES NO
2525 W. Belv	redere Ave.	E. STREET AND NUMBER	
70 Balto., 2121	15 . Md.	331 Cornwall St.	# 21224
5. SEX 6. RACE		B. DATE OF BIRTH 9. AGE (In years	
the second secon	7. MARRIED NEVER MARRIED	lost birthdov)	Months Doys Hours Min.
Female White	WIDOWED L DIVORCED	Aug. 18,1893 76	
		Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)			
Retired 13. FATHER'S NAME	House Work	Poland 14. MOTHER'S MAIDEN NAME	Poland
13. PATHER 3 NAME		14. MOTHER'S MAIDEN NAME	
Victor Chro	stowski	Victoria	?
15. Was Deceased Ever in U. S. Armed Fa		17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dot			~
210		9A. Charlotte R. Rehder	Same
1B. 4/2,41	CAUSE OF DEA	тн	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION D	IRECTLY		18 A
LEADING TO DEATH	(A) IMMEDIATE CA	USE Erchia Enchala	s, BMO
(This does not mean the made of heart failure, asthenia, etc. If means	dying, e.g., DUE TO, OR AS	A CONSEQUENCE OF	UST 4211.
injuly al complication which cause	d death.)	in second	1
ANTECEDENT CAUSE	s 🔊	te -	nuch
DISEASES OR CONDITIONS, if	(B) DUE TO OR A	S A CONSEQUENCE OF I LIMONEY	Asu I was
rise to the above cause (A)	/	pulmerey	richi,
UNDERLYING CONDITION last.	(c) / Ce	Mousons	
- 11			
OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA			
19A. DATE OF OPERATION 198. COI	NDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, V	WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. COL	RFORMED	THE IN CERTIFYING	G CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Bo	oltimore City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street,	office bldg., INJURY OCCUR?	
U			
OF INJURY (Month) (Doy) (Year)		21 F. HOW DID INJURY OCCUR?	
₹ (APPROX.)	While At Not Wh		
00 1 1/4 (1) (1)			MA- 10 100
22. I certify that (!) (this hospita		116 06	No 18 19 69
that (I) (we) lost saw the deceas	sed alive an	19 6 ond that in (my) (our) opinion death accurred on the do
and hour and from the couses sto	oted obove. (I) (We) (did) (did not)	view the body ofter death.	
23A. SIGNATURE	<i>t</i> = <i>t</i>		23B. DATE SIGNED
Clark In	Koluga DIT AT	Med. Staff Phys.	11/20/60
23C BHYSICIANS	DEGREE Ph		11/20/07/
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
lester n	KOBMAN DEGREE	6821 Reisterstown Rd.	, Balto., 21215,Md.
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CI	3	(City, town, or county) (Stote)

REGISTRAR 7225 Eastern Blvd., Ba.Co., Md. Burial 11-21-69 Oak Lawn Cemetery 25C. FUNERAL DIRECTOR 6224 Eastern Tve. Balto., 21224, Md.

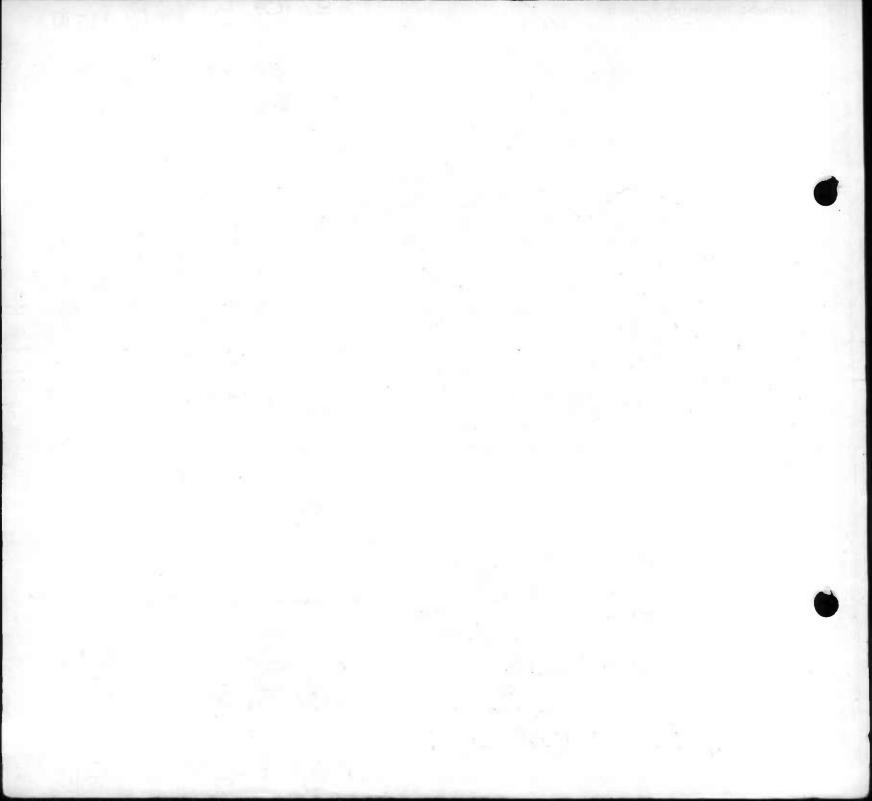


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Such Deceased BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) hospital death. USUAL RESIDENCE (Where deceased 3. PLACE IN BALTIMORE MARYLAND. WHERE PRONOUNCED DEAD institution: residence before admission) ance B. COUNTY (2) cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR D. INSIDE CITY LIMITS? attend 0 YES L NO prior contributing Undetermined or final disposition is made. regular 9. AGE (In years If Under 74 Hrs. B. DATE OF BIRTH If Under Doys MARRIED NEVER MARRIED deceased lost birthey WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? death Was the MAIDEN NAME (4) 0 death 5. Was Deceased Ever in U. S. Armed Forces SOCIAL (Yes, no of unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance any pronounced 6 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, asthenia, etc. If means the disease, in regular injury or complication which caused deoth.) who ANTECEDENT CAUSES (B)______DUE TO, OR AS A CONSEQUENCE OF are DISEASES OR CONDITIONS, if any, fo fhe above couse (A) stofing the physician obtained before the remains UNDERLYING CONDITION last. No physician was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (2) where 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exoct location) CAL to the hospital etc.) DEATH (notify medical examiner) nature; approved by MEDIC 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (9) pup OF INJURY (except Not While While At (APPROX.) Work At Work any 22. I certify that (I) (this haspital) attended the deceased fram death); that (1) (we) last saw the deceased alive an and that in (my) (our) apinian death accurred an the date be hospital and hour and from the causes stated abayes (1) (We) (did nat) view the bady after death. must 28A. SIGNATURE 23 B. DATE SIGNED Attending Med. Staff 9 Director approval 8 23C. LYSTCIAN'S 23D, ADDRESS prior at NAME (Type) DEGREE 24A. BURIAL CREMATION, CEMETERY of CREMATORY 24D. LOCATION deceased (Stote) the body 0.0 REMOVAL (Specify) Mas ADDRESS VS 150-REV. 1/1/6B



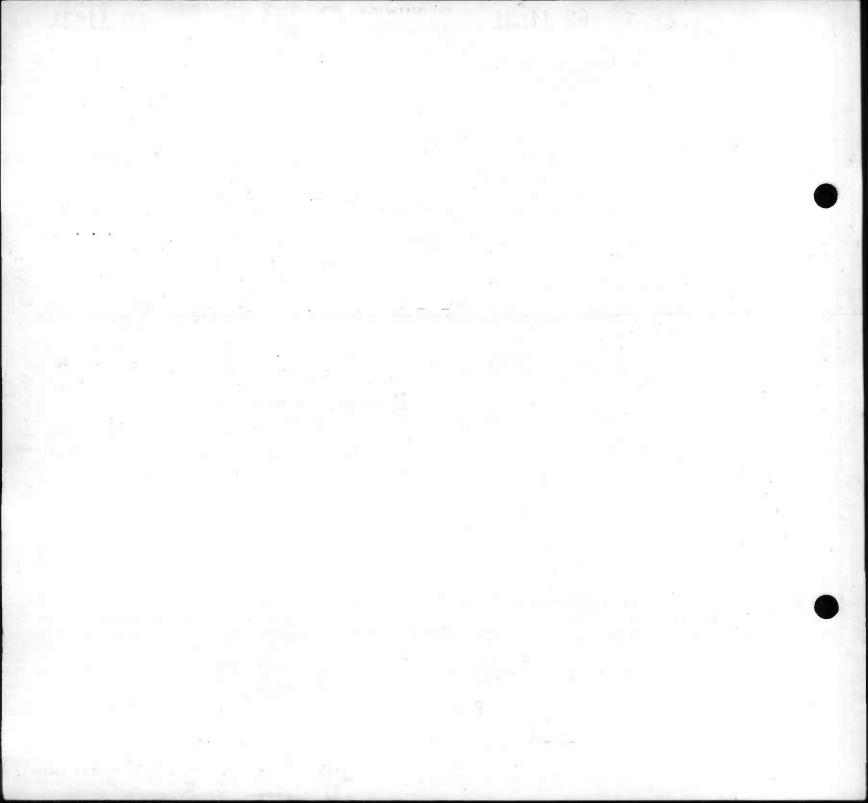
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

-	7 366	BALTIMORE CITY HEALTH DEPARTMENT
BIR	-300 69 115	CERTIFICATE OF DEATH REG. NO. 09 11530
	AME OF DECEASED	Roth November 19 1969 12 30 Am
3. F	LACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
HO	LL NAME OF (IF NOT IN HOSPITAL OR IN SPITAL OR ADDRESS OR LOCATION)	Via viand
1	T /\ / 1	To Baltimore YES NO -
1		me, Inc. E. STREET AND NUMBER 2211 W. Rogers Ave.
S. S	F 6. RACE 7. MARR WIDOV	RIED NEVER MARRIED B. DATE OF BIRTH NED DIVORCED 5 Apr 1883 9. AGE (In feors lost birthday) NED DIVORCED 5 Apr 1883 9. AGE (In feors lost birthday) NED DIVORCED 5 Apr 1883 9. AGE (In feors lost birthday)
	USUAL OCCUPATION (Give kind of work 10B, KINE during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY 11, BIRTHPUACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
L	Dental Assistant De	ntistry Maryland U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
10.1	Vaniel M. H.	Gray Lydia Shaw
(Yes	Nos Deceased Ever in U. S. Armed Forces? ,no grunknown) (If yes, give wor or dates of servi	16. OCIAL 17. INFORMANT ADDRESS
-	1VO 18, 1 1 2 1 1 1	CAUSE OF DEATH WESTEY TOME LLI W KOGERS AL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
	(This does not meon the mode of dying,	
	hearl failure, asthenio, etc. It meons the dise injury or complication which caused death.)	ose, disease
	ANTECEDENT CAUSES	(B)
	DISEASES OR CONDITIONS, if any, gir rise to the obove cause (A) stating	
	UNDERLYING CONDITION last.	(c)
Z	II	
<u>E</u>	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIN	
CA	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
ERTIFIC	O WAS PERFORMED	no Certifying Causes of Death?
CAL CI	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofify medical examiner)	218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., tNJURY OCCUR? etc.) (If in Boltimore City, give exact location)
-	21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR?
2	(APPROX.)	While At Not While At Work
	22. 1 certify that (1) (this haspital) attend	
	that (1) (we) last saw the deceased alive	an 18 November 1969 and that in (my) (out) apinian death occurred an the date
		ve. (1) (We) (did) (did nat) view the bady after death.
	23A. SIGNATURE	Attending Med. Staff 23B, DATE SIGNED 23B, DATE SIGNED 21 Nor 69
	23C. PHYSICIAN'S	DEGREE Phys. Director Phys. 23D. ADDRESS
	NAME TYPE	
	NAME (TYPTOHN W. 13	Darnaby DEGREE 1656 & Iselvedere Tive
24A	John W. 15	Darnaby DEGREE 1652 C Jelvedere Tive IC. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)
	BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify) 21 Nov 69	LOUGAN Park Baltimore, Md. (State)
	BURIAL CREMATION, 1248, DATE 124	LOUGAN Park Baltimore, Md. (State)



	or his assistant if death occurred in a hospital and Also, if the direct or contributing cause of death re of any kind; (4) Undetermined cause; (5) Deceased nounced death was in regular attendance on the attendance on the deceased prior to death. Such Imed or final disposition is made.
•	leath occurred i or contributing Indetermined ca is in regular at deceased prio
MPORTANT	r his assistant if a Niso, if the direct of any kind; (4) L sunced death wa ttendance on the ned or final dispos
FUNERAL DIRECTOR: IMPORTANT	approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased al (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.
•	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1 . 7 - 60 11-01	BALTIMORE CITY	ORE CITY HEALTH DEPARTMENT						
J-635 69 11531	CERTIFICA	TE OF DEATH	REG. NO	69 11531				
T. NAME OF DECEASED (Type or Print) CARRIE V. JORDAN		^	20, 1969	4:00 A M.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Where	o decoosed lived. If in TY	stitution; rosidenco beforo admission)				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	MARYLAND BALTIMORE CITY 8						
THE JOHNS HOPKINS HOSP	PITAL	BALTIMORE E. STREET AND NUMBER		YE XX NO				
30		3439 LYNDAI	LE AVE	21213				
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED		ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
FEMALE WHITE WIDOWED	DIVORCED	7-25-04	65					
10A. USUAL OCCUPATION (Give kind of work to done during most of working life, even if retired)	USINESS OR INDUSTRY		,	12. CITIZEN OF WHAT COUNTRY?				
Housewife at home	е	Baltimore M		U.S.A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM						
THOMAS MURPHY		CARRIE HA	RVEY					
15. Was Doceased Ever in U. S. Armed Forces? (Yas, no or unknown) (II yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
No	212-34-7624	John R. Jordan	3429 Ly	mdale Avenue, 21213				
DISEASE OF CONDITION DIRECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
LEADING TO DEATH	ALL BALLEDIATE CALL	ACDIRATION &	RESULTA	NT . RESPIRATORY .				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	(This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: A FIBRILLATION 5 min							
ANTECEDENT CAUSES	1			5 5 5				
	(B) DUE TO OR AS	SILITY TO HANDL	E SECRETION	US 1/2 3 Wells				
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	100	ASONSEQUENCE OF MAC						
UNDERLYING CONDITION Iasi.	(c) CONG	ESTIVE HEART	FAILURE C	History Immille				
II II	OF	12 ARRESTS,		41.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	RENAL FI	ALUAE. CHOLEL	ATHIASIS	3 months				
d DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yos or No)		FINDINGS CONSIDERED				
WAS PERFORMED	WAS PERFORMED			YES IN CERTIFYING CAUSES OF DEATH?				
		n or obout 21 C. WHERE DID injury OCCUR?	(If in Baltimor	e City, give exact location)				
OF INJURY (Month) (Doy) (Year) (Hour) 21 E. II	NJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?					
(APPROX.) While Work	At Work	· 🗆						
22. I certify that (I) (this haspital) attended the	deceased fram	Oct 17 1	961 ta	nov-20 1969,				
that (1)(we) last saw the deceased alive an	Nov 19	19 69 and the		nian death accurred an the date				
and have and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death.								
23A. SIGNATURE	1.0	nding Med.	Shell VIII	238. DATE SIGNED				
Victorias a. Volen	A GEGREE Phys	. Director	Shaff Phys.	Ylor 20, 1967				
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		,				
NICHOLAS A?VOLP	ICELLI DEGREE			SPITAL				
REMOVAL (Specily)	AE of CEMETERY OF CRE	MATORY 24D. LC		ity, town, or county) (State)				
	lens of Faith		altimore Ma	aryland				
NOV 24 1969 Jacob & Value of	REGISTRAR	Schidunek Fur	neral Home,	3331 Brehms Lane				
VS 150-REV 1/1/68	-	1 0						



U.S.A.

ADDRESS

BETWEEN ONSET AND DEATH

8.10

21231

If Under 24 Hrs.

IMPORTANT DIRECTOR: FUNERAL

the body

shows:

D.0.

SID

BALTIMORE CITY HEALTH DEPARTMENT ndetermined cause; (5) Deceased in regular attendance on the deceased prior to CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH NAME OF DECEASED (Type or Print) 11-20-1969 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD A. STATE MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS HOSPITAL 21224 BALTIMORE BALTIMORE CITY E. STREET AND NUMBER 4940 Eastern Avenue, Baltimore, Maryland CASTLE STREET S. SEX 6. RACE 9. AGE (In years MARRIED NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. Months: Doys deceased lost birthday Male White WIDOWED DIVORCED 3-3-1905 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) Drovak <u>_</u> Und 0 Maryland Presser& Tailor 90 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the Connolly Margaret 4 3 James Lauder eath T kind; 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ō final (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Eleanor Lauder- 228 S. Casrle St. Records: BCH: 4940 Eastern Avenue 21224 attendance 212-34-7624 any CAUSE OF DEATH pronounced 18. 0 DISEASE OF CONDITION DIRECTLY embalmed of (A) IMMEDIATE CAUSE CARCINOMA LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, the chief medical examiner gular injury at complication which coused death.) ANTECEDENT CAUSES Po 10 are 4 OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving 3 3 to the above couse (A) stating the physician UNDERLYING CONDITION last. remains Mas 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) Body 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO bγ 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 3 21 A. ACCIDENT WAS UNDERLYING (If in Bottimore City, give exact location) where OR CONTRIBUTING CAUSE OF hospital ô DEATH (notify medical examiner) nature; 21 D. TIME OF INJURY obtained (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 Not While approved (except (APPROX.) At Work Work and to the any 22. I certify that (1) (this haspital) attended the deceased fram. 20 6 and that in (my) (aur) apinian death accurred an the date that (1) (we) ast saw the deceased alive an pe of eath) hospital and have and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. accident 23B, DATE SIGNED o Attending | Med. Staff Phys. 0 Phys. Director approval 0 23C PHISICIAN'S 23D. ADDRESS prior ā NAME (Type) Baltimore City Hospitals 4940 Eastern Ave., Baltimore , Maryland 21224 Richard K. Maza 4 24A. BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY of CREMATORY deceased (City, town, or county)

Burial

REMOVAL (Specify)

11-24-1969

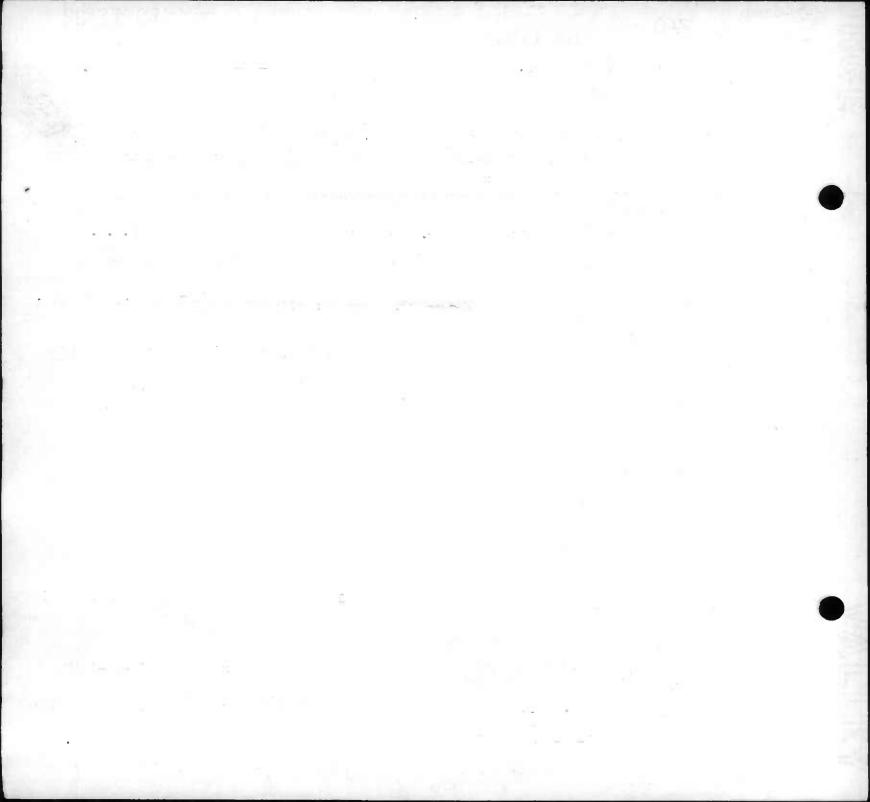
Holy Redeemer Cemetery

Belair Road, Baltimore, Md.

11-20-1969

25A. DATE REC'D BY HEALTH DEPT. 268 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Schimunek Funeral Home,

3331 Brehms Lane



inth: Komblum My 14 The occurred in phospital and contributing cause of death etermined cause; (5) Deceased in regular attendance on the occased prior to death. Such an is made.	BIRTH NO. 1. NAME OF DECEASED TO NES EVA 2. DATE AND HOUR OF DEATH November 19, 1969 4 A. 3. PLACE IN BALTIMORE MARYLAND, WHERE FRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) FULL NAME OF ADDRESS OR LOCATION) C. CITY OR TOWN BALTIMORE FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET WARYLAND C. CITY OR TOWN BALTIMORE YES NO C. CITY OR TOWN BALTIMORE YES NO E. STREET AND NUMBER BROADVIEW APTS APT 223 5. SEX FEMALE WHITE WIDOWED 7. MARRIED NEVER MARRIED DIVORCED DIVORCED OG - 08 - 01 DIVORCED DIVORCED
Exanniting if deal it is to the deal in the deal is the deal in the deal is positive.	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) HOUSEWIFE AT HOME WISCONSIN U.S. A 13. FATHER'S NAME DAVID KLINE 2ELDA 2ELDA 2. CITIZEN OF WHAT COUNTRY?
RAL DIRECTOR: IMPORTAN medical examiner or his assistan medical examiner. Also, if the drancing examiner of any kind; physician who pronounced deat an was in regular attendance or remains are embalmed or final contents.	15. Wes Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown! Ill yes, give wor or doles of services. NO Mr. Harry Jones. Broadview Ants. Apt. 223 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1This does not mean the mode of dying, a.g., heart foilure, asthenia, etc. If means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving nise to the above cause iA) stofing the UNDERLYING CONDITION last. O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
icate must be approved by the chief was released to the hospital by a language of any nature; (2) Body L. at a hospital (except where the prior to death); and (6) No physici approval must be obtained before the	The second process of the sum of the second process of the sum of the second process of the sum of the second process of the second

THE PERF BUTTON 80 60 24 - 25 J - 43 W BULLA GUAG

The state of the Post of the Property of

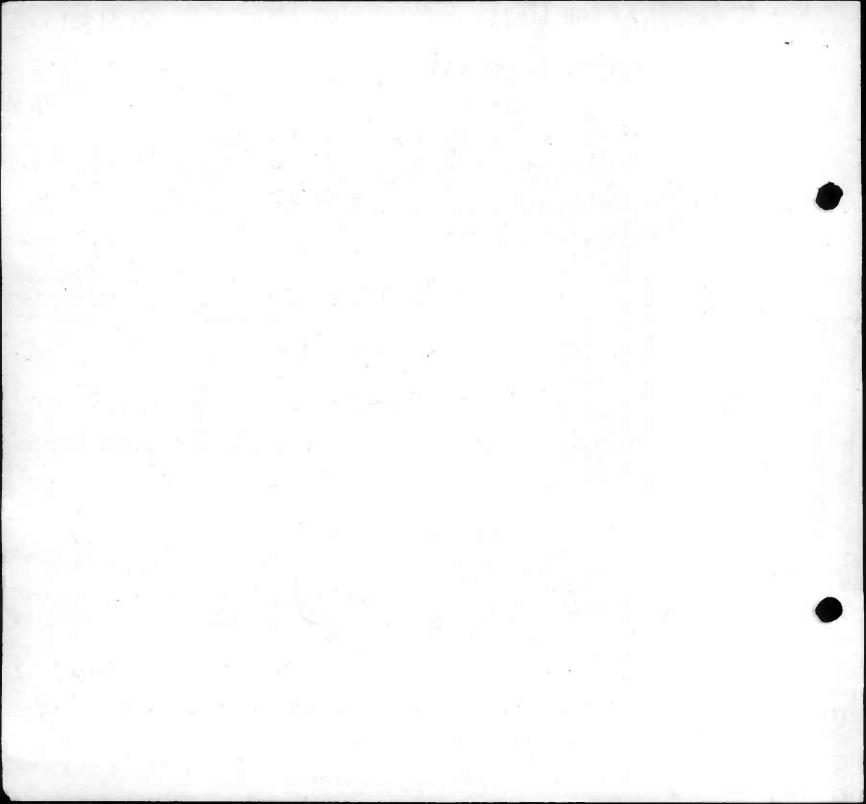
Annual Manager III - Land

X.

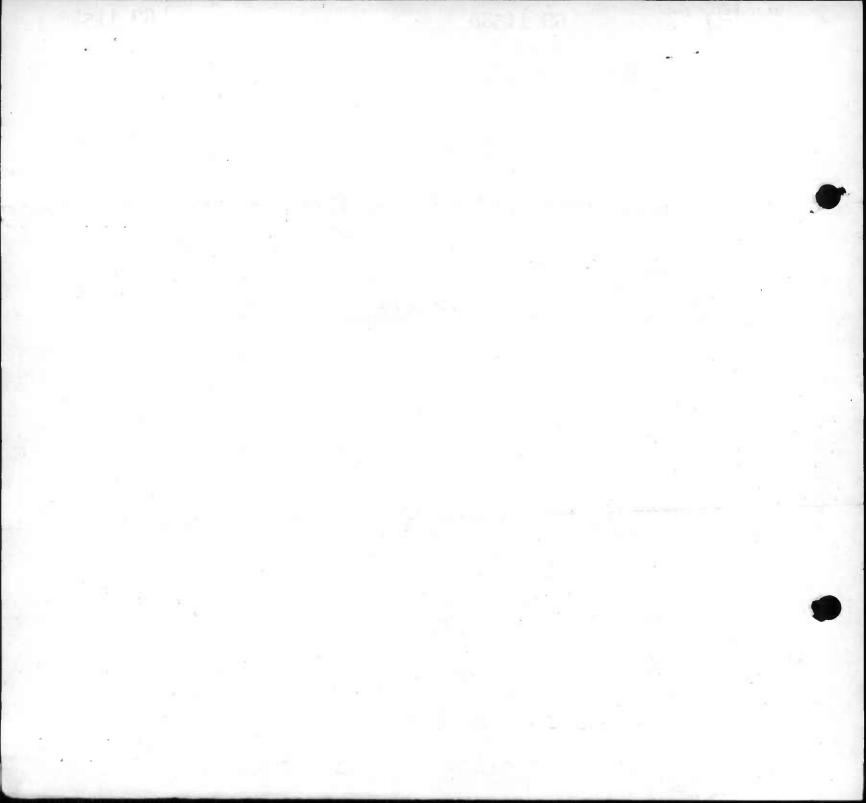
Manual Kannaca January H.D.

and	eath	ased	the	Such		
pital	of d	Dece	e ou	ath.		
hos	USe	; (5)	danc	dec		
ב	b) G	anse	atten	or to		
rred	butin	ped c	ar	pri	ade.	
OCCO	ontri	ermi	regu	adsec	is m	
eath	or co	ndet	ui s	dece	tion	
if d	rect	(4) n	M	the	sods	
stant	e di	ind;	eath	e on	al d	
assis	if th	ny k	ed d	danc	or fin	
r his	Also,	o of a	onno	itten	ned	
ner	er.	cture	pron	lar o	palr	
cami	amin	A fro	v ho	regu	re en	
al ex	I ex	; (3)	ian	s in	t be obtained before the remains are embalmed or final disposition is made.	
nedic	edico	ourre	nysic	DW L	ema.	
nief r	E	ody	he pl	sicia	the !	
he ch	l by	(2) B	re t	phy	fore	
by t	spita	ure;	whe	ON (ed be	
oved	e ho	y nat	ccept	9) pu	tain	
appr	to th	f an	al (e)	D ; (L	pe op	
st be	ased	ent	spite	deat	nust	
e mu	rele	accid	a ho	r to	valn	
ficat	Was	An (A. at	prio	ppro	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	/s: (1	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	leceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must	
This	the	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	SD M	dece	Writ	

	69 11534 BALTIMORE CITY HEALT		CO 44=24						
	CERTIFICATE C	OF DEATH REG. NO	69 11534						
	1, NAME OF DECEASED	2. DATE AND HOUR OF DEATI	4						
	(Type or Print) Kate Carroll	Nov. 20 191	69 112:30 A.M.						
3. 1	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USU	AL RESIDENCE (Where deceased lived. If	institution: residence before admission)						
FU	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	na 07 5	Alt 1408 85300						
HC		PR TOWN D. IN	SIDE CITY LIMITS?						
l ,	The Johns Hopkins Hosp. FSTR	Daltimore ET AND NUMBER	YES NO X						
_	33 Baltimore, Md.	7212 Prince	Course RD.						
5. S	5. SEX 6. RACE (WHITE) 7. MARRIED NEVER MARRIED B. DATE	lost birthdoy	Months Doys Hours Min.						
104	10A, USUAL O CCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BAT	HPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?						
	done during most of working life, even it refired)	en Vala Cates	71<17						
12	13. FATHER'S NAME 14. MO	THER'S MAIDEN NAME	1						
13.	MORRIS CARROLL	REBECCA Its	kowitz						
15.		DRMANT	Stontagorps 7						
(Yes	(Yes, ng or unknown) (If yes, give wor or dotes of service) SECURITY NO.	leader Francial Home-	- 1345 derone Ose						
-	18. CAUSE OF DEATH	3	APPROXIMATE INTERVAL						
	DISEASE OR CONDITION DIRECTLY	respiratory Fai	WE BETWEEN ONSET AND DEATH						
	LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONST	OUENCE OF	1 C Mrs						
	heart failure, osthenia, etc. It meons the disease, injury or camplication which caused death.)	GUENCE OF:							
	ANTECEDENT CAUSES (Me tast	atra Ovarson (2, 5 mo						
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONS	EQUENCE OF:							
	rise to the obove cause (A) stating the UNDERLYING CONDITION last.								
	11								
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
		AUTOPSY? (Yes or No) 20B. IF YES, WER	F FINDINGS CONSIDERED						
CERTIFIC	WAS PERFORMED	NO IN CERTIFYING	E FINDINGS CONSIDERED AUSES OF DEATH?						
E E	U 21A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or oboton OR CONTRIBUTING CAUSE OF home, form, factory, street, office bldg	tt 21 C. WHERE DID (If in Boltim	ore City, give exact location)						
CAL	▼ DEATH (notify medical examiner) etc.)	, INJURI OCCUR:							
MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?							
>	(APPROX.) While At Not While At Work		6.1						
	22. I certify that (O (this hospital) attended the deceased from NOV	18 1969 to C	leuth 19.						
			pinian death accurred an the date						
	ond hour and from the couses stated above (1) We (did) (did not) view the bady after death.								
	23A. SIGNATURE 23B. DATE SIGNED Attending Med. Staff A								
	23C. PHYSICIAN'S 23D. AD	DRESS Phys.	11/20/09						
	NAME (Type)		Haco R.H.						
24/	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATOR	Y 24D. LOCATION	City, town, or county) (Stote)						
16	REMOVAL (Specify) NOU TO 69 Wellwood Center	Eu Pine Loron LA	na Island N. 7						
254	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGUTRAN	FUNEBAL DIRECTOR	ADDRESS (A)						
	NOV 24 1959 Palent E. Jaben M.D. Solo	lumon & Dets -60	10 Vetsteistaun 14						
VS	VS 150-REV. 1/1/68								

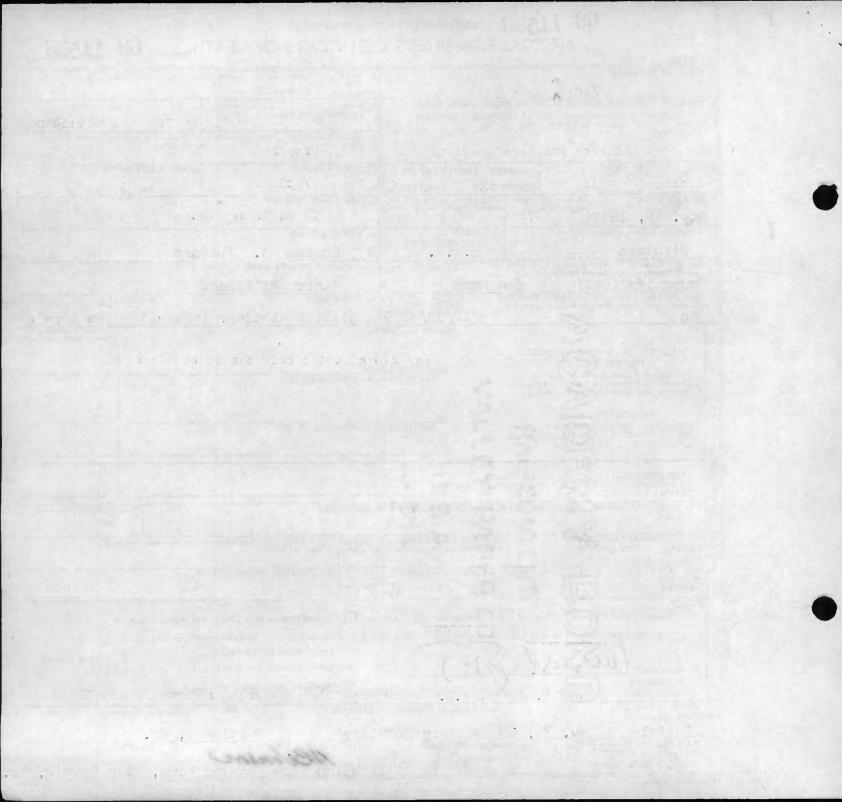


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Such of death etermined cause; (5) Deceased I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo hospital RESIDENCE (Where deceased 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance B. COUNTY Frederick cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR CITY OR TOWN D. INSIDE CITY LIMITS? attend 0 YES A NO Burnswick prior E. STREET AND NUMBER contributing NIV. of MAMy hono occurred disposition is made. regular 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 5. SEX 6. RACE B. DATE OF BIRTH 7- MARRIED NEVER MARRIED deceased Haurs last birthday WIDOWED DIVORCED CAJC 03 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A dane during mast of working life, even if retired) Cement Und WEST Foreun Viv Was MOTHER'S MAIDEN NAME 13. FATHER'S NAME the 4 H.Bohrer assistant u o death 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL or final (Yes, no or unknown) (If yes, give war ar dates of service) SECURITY NO. attendance 34-019094 any CAUSE OF DEATH APPROXIMATE INTERVAL pronounced BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH 0 (A)IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It meons the disease, regular injury or complication which coused deoth.) ANTECEDENT CAUSES who are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the physician UNDERLYING CONDITION last. the remains medical 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) the chief 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes ar Na) 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 0 WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING o 6 s Truction No before Say 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID hame, farm, foctory, street, affice bldg., INJURY OCCUR? (If in Boltimore City, give exact location where OR CONTRIBUTING CAUSE OF hospital °N MEDICAL DEATH (notify medical examiner) any nature; 21 D. TIME obtained (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 (Month) (Day) (Year) Not While OF INJURY approved (except While At (APPROX.) Work At Work and the 22. I certify that (1) (this haspital attended the deceased fram 19 69 that (1) (we) last saw the deceased alive an... and that in(my) (aur) opinian death accurred an the date 0 pe 0 hospital eath) and havr and fram the causes stated abave. (1) (We) (4jd) (did nat) view the bady after death. was released must An accident 23A. SIGNATURE 23B, DATE SIGNED ŏ Attending Phys. Med. Staff 0 approval ō 23D. ADDRESS 23 C. PHYSICIAN'S prior at NAME (Type) D.O.A. 24A. BURIAL CREMATION, eceased he body written Md. Brunswick PECTURAT DEFENDI Home 25A. DATE REC'D BY HEALTH DEPT. NAME OF RIGISTRAR 150-REV. 1/1/6B



6210	69 11536 BALTIMORE CITY HEALTH DEPARTMENT
5.315	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO 69

0.315	MED	ICAL	EXAMIN	ER'S	CERTIFIC	CATE OF	DEAT	H	69 1	1536	
BIRTH NC.								KEG. 140.			
1. NAME OF DECEASED (Type or Print)			2. DATE	Known 🖾	Manth	Day	Year	Hour			
Annie Stevenson			OF DEATH	Estimated					м.		
			3. DATE		Manth	Day	Year	Haur			
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	LORINSTI TION)	TUTION, GIVE STR	EET		JNCED DEAD	11	21	69	9:54 p	м.
35	Church Hom	e and	Hospital		A. STATE	Maryland		B. COUNTY	: residence be	Gare admission)	
6. SEX	7. RACE	B. MARRI	ED NEVER MA	ARRIED	C. CITY OR	TOWN		D. INSIDE CIT	TY LIMITS?	~	
female	white	WIDOW	577	ORCED 🗌		Baltimo	ce	YE	s 🖾 N	10 🗆	
9. DATE OF BIRTH	lost birthdo	7) 78	If Under 1 Yr. II Un Months Doys . Ho	ours Min.	E. STREET	324 S. DI	ıncan S	St.			
Virgir	tole or foreign country)	1	2. CITIZEN OF WHAT COUN		13. FATHER	s NAME dward J	Tui	ford			
	PATION (Give kind of work orking life, even if retired)	4B. KIND						1010		77	-
dane during most of w		Own	11				llicen	t			
16. WAS DECEASI	D EVER IN U.S. ARMED	FORCES	17. SOCIAL	VNO	IB. INFORM			A	DRESS 14	Steven	S Re
No	None	or service)	218/58		11157	liam Mie	tzner			n Burni	
19. //) /	12			E OF DEAT		21400 1114	021102	(Heprice)	APP	ROXIMATE INTERV	/AL
7/2	12-1-								BETWE	EN ONSET AND D	EATH
	E OR CONDITION DIRECT. EADING TO DEATH	CILLY		Arteri	osclero	tic card	iovascu	ılar dise	ease		
Ann A	of mean the made of dy	ing, e.g.,	(A)!!	MMEDIATE C	AUSE AS A CONSEQ						
heari lailure,	osthenio, etc. It meons the plication which coused dec	diseose,		OL 10, OK A	O A CONSEQ	DENCE OF:					
,.,	previou which could de	,,									
/A	ITECEDENT CAUSES		(B)								
DISEASES C	R CONDITIONS, IF ANY ABOVE CAUSE (A) STATE	, GIVING	D	UE TO, OR	AS A CONSE	QUENCE OF:					
UNDERLYIN	IG CONDITION LAST.	ING INE									
Ó			(c)_								
O TO THE DEA	IFICANT CONDITIONS CO TH BUT NOT RELATED TO	THE TERMI	NG NAL								
DISEASE OR	CONDITION GIVEN IN PA										
H ZUA. DATE OF	OPERATION 208. CON	IDITION F	OR WHICH OPER	ATION WA	AS PERFORM	ED				SY? (Yes or No)
									no		
UNDERLYING	OR CONTRIB-	2 h	28. PLACE OF IN	JURY (e.g., street, office	in ar obout 2 bldg., eic.)	2C. WHERE DID NJURY OCCUR?	(If in Baltima	re City, give exac	ct lacation)		
	USE OF DEATH. Month) (Doy) (Year) (Hour)	22E. INJURY O	CCURRED	2	2F. HOW DID IN	HURY OCC	1102			_
OF INJURY (APPROX.)	OF INJURY										
23.	fy that I held on I					1.1					
		nquiry _		_	topsy L			deoth in my	_		
result	ed from: Notural cou	ses X	Accident	Suicid		micide 🗌		ned manner			
ACTUAL	11110 1.0	1	San		(HIEF MEDICAL	EXAMINER		r	ATE SIGNED	
SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER											
EXAMINI	R'S				ASSO	CIATE MEDICAL	EXAMINER			100100	
NAME (T		J. Spi				nief Medi	cal Ex	aminer	11,	/22/69	
24A. BURIAL CREA REMOVAL (Specif	MATION, 24B. DATE		24C. NAME of	CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, town,	, or county)	(Stote)	
Buria		4, 69			etery		Baltim	ore, Md.			
25A. DATE REC'D	A 1969 Bee	25B. N	ME OF REGISTR	AR	25C. F	UNERAL DIRECT	OR	AL	DDRESS		
VC 151 DEV 1/2/49	A-ba-a-a-	1 7	1) along	,i i	- Si	noleton	Funera	I Home,	Glen	Burnie,	Md.



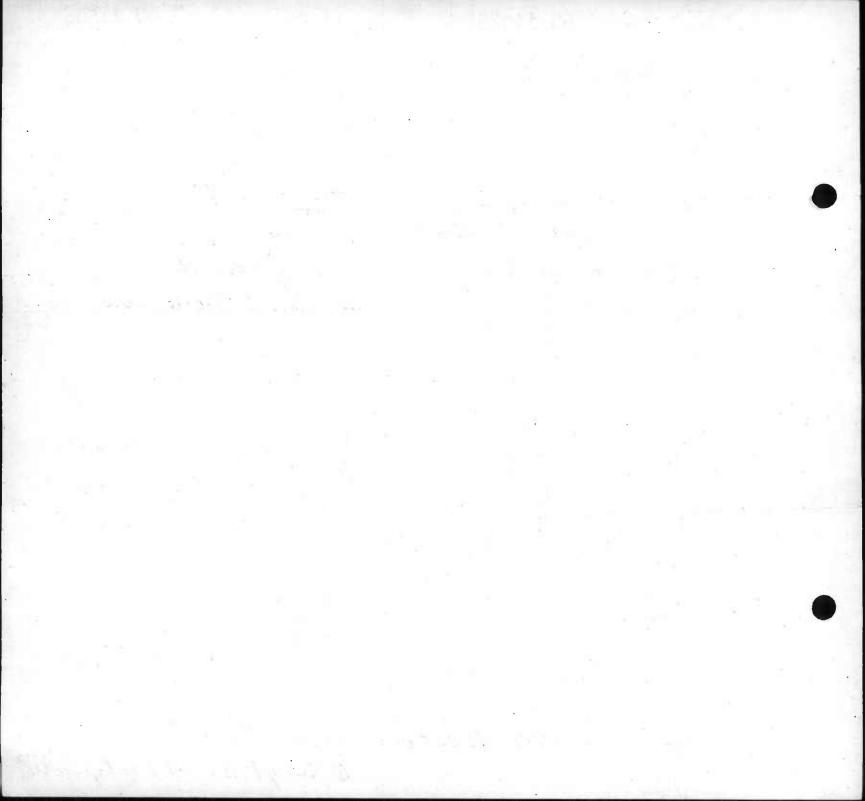
red in a hospital and outing cause of death ed cause; (5) Deceased	ar attendance on the prior to death. Such de.
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
chief medical examiner of y a medical examiner. I Body burns; (3) A fracture the physician who	lysician was in regular of the remains are embaln
nust be approved by the leased to the hospital by cident of any nature; (2) hospital forcest where	to death); and (6) No philimust be obtained before
This certificate n the body was re shows: (1) An acc	deceased prior t

BI	-52C	69	115	537			TH DEPARTMENT	X REG. NO.	69	11537	
1.	NAME OF DECEA	SED						ND HOUR OF DEA	TH		
Ш.	166	LANG, WI	LME	R J			NOVE	MBER 19.	1969	1 10.45	PM
]] 3.	PLACE IN BALTI	MORE, MARYLAND, W	HERE PR	ONOUNC	ED DEAD	4. US	UAL RESIDENCE (Wh	ere deceased lived.	If institution:	residence before odr	mission)
E	ILL NAME OF	(IF NOT IN HOSPIT	AL OR II	опитпе	N, GIVE STREET	М	ARYLAND /	nen.		520	10
IIN	STITUTION	No Diess On LOCA	· ii Oiti			11 .	Y OR TOWN	D.	INSIDE CITY		-
	(A ST	AGNES HOSE	TAI	ı			NTH CUM		YES 🔀	NO	
1	0 31	Adillo 11031	HAI	-] _	03 E. MAP	LE ROAD			
5.	SEX 6	RACE	7. MAR	RIED X	NEVER MARRIED	1	E OF BIRTH	9. AGE (In veois	If Und	er 3 Yr. , If Under	
	ALE	WHITE	WIDO	WED	DIVORCED	11	19 03	lost birthdoy)	Months	Doys Hours	Min.
do	USUAL OCCUP	ATION (Give kind of work rking life, even if retired)	108. KIN	D OF BUS	SINESS OR INDUSTRY	11. BIR	THPLACE (State or for	eign country)	12. Cf1	IZEN OF WHAT CO	UNTRY
F	RETIRED-	CLERICAL	B 8	5 O F	RAILROAD	MA	RYLAND			SA	
13.	FATHER'S NAME						THER'S MAIDEN NA	ME		, J A	
	JOHN LA					AN	NA (UNKNO	iiiN)			
15. (Ye	Was Deceased Ex s, no or unknown) (I	er in U. S. Armed Ford I yes, give wor or dote:	es? of serv	ice) 16.	SOCIAL SECURITY NO.		ORMANT			ADDRESS	
	ES	WW L1			05 05 4887	ST	AGNES HO	SP RECOR	RDS-BA	LTO MD 2	1220
	18. 4 = 1	7 1			CAUSE OF DEAT	1 -	7.0112 0 110	<u> </u>	(DO DA	APPROXIMATE INTE	ERVAL
ĺ		OR CONDITION DIR	ECTLY				4	0 0 0	21/	BETWEEN ONSET AND	DEATH
	(This does not	meon the mode of	the dise	e.g.,	(A) IMMEDIATE CAU		Intracer	elizat the	moren	rigi	
	injury at campli	calion which caused	death.)								
		TECEDENT CAUSES			(B)						
	rise to the	CONDITIONS, if above cause (A)	iny, gi sloling	ving the	(B) DUE TO, OR AS	A CON	SEQUENCE OF:				
_		11									
CERTIFICATION	DISEASE OR CON	ANT CONDITIONS CON BUT NOT RELATED TO TH IDITION GIVEN IN PART	E TERMIN	IAL	***************************************		**************************************	P40 4 f 4 f 4 f 4 f 4 f 4 f 4 f 4 f 4 f 4 		***************************************	
ERTIFIC	19A. DATE OF O	PERATION 198 CONE WAS PERF	ORMED	OR WHIC	H OPERATION	20 A	YES	IN CERTIFYING	RE FINDINGS CAUSES OF	CONSIDERED DEATH?	
CAL C	21A. ACCIDENT OR CONTRIBUTION DEATH (notify market)	WAS UNDERLYING DO CAUSE OF edicol exomined		home, fo	CE OF INJURY (e.g., in rm, factory, street, of	or obou	121C. WHERE DID	(If In Bolis	more City, glv	exoct location)	
MEDI	21D. TIME (A	Aonth) (Doy) (Year)	(Hour)	21E INJ	URY OCCURRED		21F. HOW DID INJ	URY OCCUR?			
٤	(APPROX.I			While At	Not While	, П					
	22. I certify the	at (N) (this hospital)	attend			VE ME	3FR 18	19 69 to NOV	EMRED	19 19	60
	that/(I) (we) la	st saw the deceased	altve	on NO	VEMBER 19	1	9 <u>69</u> ond th			th occurred on th	
	and have and fi	am the causes state	d abav	e.]()-(W	e) (did) ()(i)()(o)() vi	iew the	body ofter death.				
	23A. SIGNATURE	A Shas	nx	111	11 Atte	nding [] Med.	Stoff Phys.		SIGNED	
	23C. PHYSICIAN'S	, , , ,		7700	DEGREE Phys	3D. ADI	DRESS DALT	,	20	20-69	
	NAME (Type	A SHAMS.	MD				DALI	0,MD 212	29 C WILL	VENC AVEC	
24#	BURIAL CREMA REMOVAL (Spe	TION 248 DATE			of CEMETERY OF CRE			,	E W L	KENS AVES	lote)
	Burial -	11/24/6	9	Balto	Nat'l.	Ceme	terv Ba	ltimore, Ma	กรโบาล	Н	
25.4	OV 24 19	The second secon		AE OF HE		25C.	FUNERAL DIRECTOR			ADDRESS Burnie, M	d,
VS	150-REV. 1/1/68			4-49	20 -004	1/1 8	roberte	reware.		,	

1. 1961

· · ·

	Z -460 69 11538 CERTIFICATE OF DEATH REG. NO. 69 11538
-	RTH NO. CERTIFICATE OF DEATH
	NAME OF DECEASED 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD [4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
	A. STATE B. COUNTY
H	JUL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION) SHITUTION C.CIFY OR TOWN D. INSIDE CITY LIMITS?
1	BOTTON HIM TOURSING & CONDACES OF BALTIMORE YES NO
6	E. STREET AND NUMBER 5-204 PATALOGA PA 21214
5.	SEX 6. RACE 7. MARRIED B. DATE OF BIRTH 9. AGY (In years lift Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
	m WIDOWED DIVORCED 6-2-90 lost brith Taye. Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	Blicklayer fet Construction Saltemore, Mel. USA
13.	FATHER'S NAME
1.0	Colivard Sotller Mary fruith Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT ADDRESS 2/2/2
(Y	Was Deceased Ever in U. S. Armed Farces? es, no gri unknown) (If yes, give what or doles af service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 17. INFORMANT ADDRESS 17. INFORMANT
_	18. 1 CAUSE OF DEATH APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH (A) IMMEDIATE CAUSE (L'ICHINA dire to
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,
	ANTECEDENT CAUSES (B) arterialar Welhroscleinis 1 4
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
	rise to the above cause (A) stating the UNDERLYING CONDITION last.
L	. II
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING: TO THE DEATH BUT NOT RELATED TO THE TERMINAL
FRTIFIC	WAS PERFORMED
A	OR CONTRIBUTING CAUSE OF home form factory street affice bldg. INJURY OCCUR?
U	
A	OF INJURY (APPROX.) While At Wark At Wark
	22. I certify that (1) (this hospital) attended the deceased fram NOV. 19 1969 to NOV 20 1969,
	that (1) (we) Tast saw the deceased alive an NOV-19 19 69 and that in (my) (que) opinion death accurred an the date
	and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.
	23A. SIGNATURE 23B. DATE SIGNED
	Attending Med. Staff Nico Nic
	23C. PHYSICIAM'S NAME (Type) 23D. ADDRESS
24	DEGREE A. BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	REMOVAL (Specify) 11/24/69 11/0cta-1 Constant Boltonia Md.
25	A. DATE REC'D BY HEALTH DEPT. 258-NAME DA-REGISTRAR 25G FUNERAL DIRECTOR ADDRESS VIZING
	NOV 24 1969 Tobas Extraction Com M Gully F. H. 237 Vatansec ave
VS	150-REV. 1/1/6B



55-82-16 db]		5-35/ 69 11539 BALTIMORE CITY HEALTH DEPARTMENT X REG. NO. 69 11539
2004	II.	CERTIFICATE OF DEATH X REG. NO. 69 11539
and ased the the	1,1	NAME OF DECEASED pe or Print) 2. DATE AND HOUR OF DEATH
- D 0 5 .		VOHN E. STUMPO NOV. 2/1969 1 8:02 411
hospital and use of death (5) Deceased dance on the death. Such	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institution residence before admission) A. STATE 8. COUNTY
	HH	ILL NAME OF STREET ADDRESS OR LOCATION) ILL NAME OF STREET ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS?
e 32. "		PALTIMORE CITY HOSPITAL ESSEX E. STREET AND NUMBER
de de de		altimore, Marylad 2122 300-B Holly Drive 21220 005
ricur frib min gul	2.	6. RACE White WIDOWED DIVORCED 6.25/06 WIDOWED DIVORCED 6.25/06 WIDOWED DIVORCED 6.25/06 WIDOWED DIVORCED 6.3 WIDOWED DIVORCED 6.3
- 0	[dor	. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
P P P P P		FATHER'S NAME B & O R R Maryland U S.A. 14. MOTHER'S MAIDEN NAME
T = € y t si		CHARLES E. Stump BERTHA Wise
MPORTAN] r his assistant lso, if the dii of any kind; unced death ttendance on	15. (Ye	Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT ADDRESS
SSIST SSIST THE THE THE THE THE THE THE THE THE TH	и .	705-09-0220 - PON Bassern Avenue
POI if any ced ndan		18. 4 CAUSE OF DEATH BALLINGTE, MAY JANO MATE INTERVAL
MPC his of an of an uncertended or		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH LEADING TO DEATH LEADING TO DEATH
- PA P P E		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. Il means the disease,
0 5 0 2 5		injury or complication which caused death,)
am am A fr		DISEASES OR CONDITIONS, if ony, giving (B) Preciona Chronic Obstudie 3 days DUE TO, OR AS A CONSEQUENCE OF:
(3) (3) v in v		rise to the obove couse (A) storing the UNDERLYING CONDITION lost. (C) Metabolic acidosis avenie
De dica cal nas; as as ain		
RAL DIII i medical medical i burns; physician an was i	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
FUNER Per chief me by a me 2) Body by ce the physician properties the received by the certification.	CERTIFICA	DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	CERT	21A. ACCIDENT WAS LINDERLYING 22 238 BLACE OF INJURY
ital ital No No bef	CAL	218 PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
_ 0 7 7 6 1	MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While A1 Not While Work At Work
- 00 - 2 - 5		
		22. I certify that (t) (this baspital) attended the deceased from Nov. 18 1969 to Nov. 21 1967 that (t) (we) last saw the deceased alive an Nov. 21 1969 and that in (my) (aux) colubor death account on the dece
0854		and have and from the causes stated abave. (4) (We) (did) (did not) view the body after death.
ust be eased dent nospit deat		23A. SIGNATURE 23B. DATE SIGNED
must releas recide a hos		Jacob Cosellos M. D. Attending Med. Director Phys. 9
0 0 7 2 2		DEGREE 1940 Eastern Avenue VAIME F. Casellas MDu.o. 1940 Eastern Avenue
rtificat dy was (1) An (0.4. at	24A	BURIAL CREMATION, 1248, DATE 124C NAME of CEMESTER OF CREMATION 1248, DATE 124C NAME of CEMESTER OF CREMATION 1248, DATE
L#000-		Burial 11-25-69 Baltimore Cemetery Baltimore, Maryland
This certif the body shows: (1) was D.O deceased	25A	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
F= 4 20 3	VS	NOV 24 1969 CE TELENTO Howard H. Hubbard, 4107 Wilkens Ave. 21229

	pub	death	eased	n the	Such	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular prendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	
	in a	ng can	cause;	pttend	101 10	i i
	curred	ributir	nined	gular	ed pr	made.
	ath oc	r con	deterr	in re	deceas	ion is
_	t if de	irect o	(4) Un	SDW I	the	isposit
RTAN	ssistan	the d	kind;	death	nce on	final d
FUNERAL DIRECTOR: IMPORTANT	r his a	ilso, if	of any	onuced	ttenda	ned or
OR:	iner o	ner. A	acture	prond	ular a	mbaln
RECT	exam	exami	3) A fr	n who	in reg	s are e
AL DI	nedica	edical	ourns; (nysicia	1 Was	emain
NER.	chief n	m p /	Body k	the pt	ysiciai	e the r
2	by the	ital by	re; (2)	where	No ph	befor
	roved	e hosp	y natu	Kcept \	(9) pu	otainec
	e app	d to th	t of an	ital (ex	ath); a	t be of
	must b	elease	ccident	hospi	to dec	al mus
	ficate	Was r	An a	A. at c	1 prior	written approval must be obtained before the remains are embalmed or final disposition is made.
	is certi	e body	ows: (1	35 D.O.	ceased	itten c
	T	th	shi	3	de	3

F-463 69 115	An	HEALTH DEPARTMENT	PEC NO	69 11540						
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. 140.	00 11,340						
1. NAME OF DECEASED (Type or Print) ISABELIA M.	FLAHERTY		HOUR OF DEATH	1969						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	RONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNTY		titution: residence before admission)						
FULL NAME OF (IF NOT IN HOSPITAL OR I	NOTITITION CIVE STREET	Md.		2.005						
HOSPITAL OR ADDRESS OR LOCATION)	/ /	C. CITY OR TOWN	D. INSID	DE CITY LIMITS?						
	in no ulache	Baltikore		YES NO						
RTIFICATE AME	NDED-11/296/	E. STREET AND NUMBER								
00		431 Millingt	on Lane							
Female White Who		8. DATE OF BIRTH 9. 10-25-1896	AGE (In years st birthdoy) 73	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.						
10A, USUAL OCCUPATION (Give kind of work 10B, KIP		11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY						
done during most of working life, even if retired)		D 1		A						
Retired Domestic		Delaware 14. MOTHER'S MAIDEN NAMI	E	U.S.A.						
Samuel Flynn		Nora	Mitchell							
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS						
	214-22-1299	Mr. Thomas I. F.	laherty, 81	7 Temple Cliff Rd.						
18. 4 7 / 4	CAUSE OF DEAT			APPROXIMATE INTERVAL						
DISEASE OR CONDITION DIRECTLY		ISE CIRRHOSIS	1.	BETWEEN ONSET AND DEATH						
LEADING TO DEATH	2 Burs									
(This does not meon the mode of dying, heart failure, asthenia, etc. It means the dis	0									
injury or camplication which caused death.)										
ANTECEDENT CAUSES	ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:									
DISEASES OR CONDITIONS, if ony,										
rise to the above couse (A) stating										
UNDERLYING CONDITION last,	(C)									
, II										
OTHER SIGNIFICANT CONDITIONS CONTRIBU										
Obsease or condition given in Part 1 (a).		20 A. AUTOPSY? (Yes or No)	208 IE VEC WEDE EI	INDINGS CONSIDERED						
WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?						
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, a etc.)		(tf in Baltimare	City, give exoct lacotian)						
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?							
(APPROX)	While At Not While Work At Work			/						
22. I certify that (I) (this has pirel) atten			69 to 11	1 2 / 19 69						
that (1) (we)-last saw the deceased alive	(- 1		r in (my) (aur) apin	ian death accurred an the dat						
and haur and from the causes stated abo	ve. (1) (We) (did) (did nat) v	view the bady after death.								
234) SIGNATURE			. "	23B. DATE SIGNED						
Warman K Ka	Zerramoegree Phy		taff hys.	11/22/69						
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS								
Dr. N.R.Kleiman	The Contract of	3803 Edmondso	n Ave.							
24A. BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY or CR	EMATORY 24D. LO	CATION (City	y, town, or county) (Stote)						
REMOVAL (Specify)	New Cathedral	Bal	Ltimore. Man	ryland						
1	St. Joseph Ceme	25C FUNERAL DIRECTOR	ndywine, De	ADDRESS						
25A. DATE REC'D BY HEALTH, DEPT.	De Company	Howard U Day	bhard Inc 4	107 Wilkens Ave.						
NDA ST 1203 COOL		Oriomara lie Ma	Prata Tile.							
VS 150-REV, 1/1/68										

11/26/69- Carrection form from funcial derection - fec.

	3-622	2							H DEPARTA		X		CO	4.4	
BII	TH NO.		69	113	541	CERT	IFICA	TE C	OF DEA	HTA	REG.	NO	03	115	11
	NAME OF DEC	EASED (EDWARI	BUR	KOWS	Œ)			2.	DATE AN	ND HOUR OF	DEATH			
	6	BWAND			KOEO ST					111	21/69			215	PM
3.	PLACE IN BAL							A. SIA	I E	B. COUN			lilutian; r		are admission)
[] Ho	ILL NAME OF DISTITUTION	ADDRES	IN HOSPITA	AL OR IN	סורטזורפּי	ON, GIVE ST	REET	C. CITY	yland or town		Balti	D. INSID	E CITY L	005 IMITS?	5300
	o Ba	ltimore	City	Hosp:	itals				sex 212				YES 🔲	NO	K
-	5 / 49 Ba	40 East	ern Av	2122	4			-	Sue Gr		Rd.	-			
5.	SEX	6. RACE				NEVER MAR	RIED 🗍	8. DATE	OF BIRTH		9. AGE (In ye	ears	if Unde	r T Yr. If	Under 24 Hrs.
11	ale	White		WIDO	WED	DIVO	CED	- 4	-05		lost birthdoyl	Jall	Months	Days Hai	urs Min.
dar	. USUAL OCCL	JPATION (Give varking life, eve	kind af wark on if retired)	IOB. KIN	D OF BU	SINESS OR I	NDUSTRY	11. BIRT	HPLACE (Sto	te or fore	ign cauntry)		12. CITI	ZEN OF WH	AT COUNTRY?
	filler			Lumbe	er Mil	lling	Co.	Mar	yland					U.S.	Α.
13.	FATHER'S NAM	A E						14. MO	THER'S MAI	DEN NA	ME		1		
	Char	les Bur	katieka	,					M	. 1 17					
15.	Was Deceased	Ever in U. S.	Armed For	-05?	16.	SOCIAL		17. INFO	Margar					ADDRESS	
11	s, no ar unknown) No	(If yes, give	wor or dote:	s of serv	ice)	SECURITY N		D.011			940 East			0.4	
	118.	-					1857		Record	s: B	altimore	e, Md.	212		
	DISEAS	E OR CONE		ECTLY		CAUSE	OF DEAT	1				٠			SET AND DEATH
	(This does n	LEADING TO	-	distance of			DIATE CAU		ulmor		EMA	24514		601	45
	heart foilure,	aslhenia, elc	. Il means	the dise	e.g., ose,	DUE	O, OR AS	CONSE	QUENCE OF:					5	-
l	injury or com			deoth.)											l de
		NTECEDEN.				(B)	4/+16/	4	Thiuse	10	INSUFA	EICIGA	VC4.	6 Dute	40-5000
	DISEASES O	R CONDITI	ONS, if	ny, gi	ving	DUE	O, OR AS	A CONS	EQUENCE O	F:					000
	UNDERLYING	CONDITIO	N lost.	Piolitig	ine	(c) RA	ecense.	ni	HEMRT	- DI	SERVE			504ex	1 RS
		- 11													
O	OTHER SIGNIF														
A	TO THE DEATH	ONDITION GI	VEN IN PART	1 (A).			******		***********	•••••		******			
CERTIFICATION	19A. DATE OF	OPERATION	WAS PERF	DITION F	OR WHI	CH OPERATI	ON	20 A.	AUTOPSY? (Y	es ar No	IN CERTIFY	WERE FING CAUS	DINGS	CONSIDER	ED
н	21 A. ACCIDEN OR CONTRIBU	T WAS UND	ERLYING		21 B. PLA	CE OF INJ	JRY (e.g., it	or obou	21 C. WHER	E DID	(If In		City, glv	e exact locati	ion)
CAL	DEATH (notify	medical exam	ined		etc.)	orm, toctory,	sireet, or	nce piage	INJURI OC	COR					
	21 D. TIME	(Donth)	y) (Year)	(Hout)	21 E INJ	URY OCCU	RRED		21F. HOW	DID INJ	URY OCCUR?				
٤	OF INJURY				While A		Not While	• 🗆							
	20 1				Work		Al Work							,	
	22. I certify					eceosed fr		7	11/1		19 68_to_				
	thot (I) (we)				_	~~~~~		2/19			ot In my) (a	ur) opini	on deor	th occurred	on the dote
	ond haur and	fram the co	uses state	ed obav	(I) (W	e) (did) (d	id not) v	lew the	bady ofter	deoth.					
	23A. SIGNATUI	RE /	0	,								2		E SIGNED	
	Mrson	led at.	Ken	OSTA	2)	M.DD DE	GREE Phys	nding [Med. Directo	or 🗌	Shalf Phys.		111	21/65	
	23C. PHYSICIAI	N°S pe}			_		12	3P SAPP	RESS	n Arre	. Balti	more	Ма	21224	
	Clean	= ARNO	LD 1		1011	N.500	M.D	Below	INA	6		65/17			
24/	BURIAL CREA	AATION, 24B	DATE	24	C.NAME	of CEMETE	RY of CRE	MATORY	17015	24D. LO	DCATION			r county)	(Stote)
	Burial		11/25/	69	Garde	ens of	Faith	Can	etamr	Par	+	Co	26.2	17	
254		8Y HEALTH				EGISTRAR	+ et T ()		FUNERAL D		timore	000	Md.	ADDRES	S
	NOV 2	4 1969	Jabus	E. 40	work,	M.H.		1	rdzins	0	Jelle	asin	here		
VS	150-REV. 1/1/6	8							COMMIS	ga ra	meral	OTTE 1	407	Easter	n Ave.

and the second control of the first for There is no start there is no in Annes & Composition in The second of the second second

BIF	9-36 TH NO.	0	69 1	1542	BALTIMORE CITY CERTIFICA			REG. No.	69	3 11542	2
	AME OF DEC		TER, WI	MALLI				EMBER 20.		9:1	ΩΔ
3.	PLACE IN BAL					4. USU		here deceased lived.		-	M
FU HC IN	LL NAME OF DSMTAL OR STITUTION	(IF NOT	IN HOSPITAL O	OR INSTITUTI N)	ON, GIVE STREET	MAR c. CITY	YLAND OR TOWN		INSIDE CITY	200	5
	40	ST.	AGNES	HOSPI	TAL	E. STRE	TIMORE ET AND NUMBER 19 S. Furr	ow Street	YES X	NO 🗌	
5. :		6. RACE	7- A	MARRIED X	NEVER MARRIED	8. DATE	OF BIRTH	9. AGE (In years	il Und	er 1 Yr. II Under Days Hauss	24 His.
	ALE	WHITE	44:	IDOWED [DIVORCED		21/92	last birthday)	1410111113	Days	7VIII6
R	ETIRED	varking lite, ever	n if retired)	REWER	USINESS OR INDUSTRY		YLAND	reign cauntry)	1	U.S.A.	OUNTRYT
13.	FATHER'S NAN	AE .				14. MO	HER'S MAIDEN N	AME			
	Jol		Ritter				Johanna	Sissler		•	
15. [Ye:	Was Deceased s,na at unknown)	lit yes, give v	Armed Forces? war ar dales of	service)	SECURITY NO.	17. INFO	RMANT			ADDRESS	
N	ONE			2	15-05-3237	ST.	AGNES H	OSPITAL F	RECORD	S	
	(This does no	LEADING TO	mode of dyin	ng, e.g.,	CAUSE OF DEATH Ca vol 1 (A) IMMEDIATE CAU DUE TO, OR AS	oge.	uie Sa	velz.		APPROXIMATE IN BETWEEN ONSET AS	
	injury ar com	plication which INTECEDENT R CONDITION	ONS, il any,	giving	Postero (B). DUE TO, OR AS	overo	el a Postecu	septal M	1.1.	***************************************	
	rise la lhe UNDERLYING	CONDITION	use (A) stat 1 last,	ling the	(c)	H.5	EUD.				
ATION	TO THE DEATH	BUT NOTREL	TIONS CONTRI	RMINAL	***************************************		******************			***************************************	
CERTIFICATION	19A. DATE OF	OPERATION	WAS PERFORM	ON FOR WH	ICH OPERATION		ES	10) 20B, IF YES, WE	RE FINDINGS CAUSES OF	CONSIDERED DEATH?	
MEDICAL C	21 A. A CCIDEN OR CONTRIBU DEATH (notify	TINGFICAUS	REOF	21 B. PL. home, elc.)	ACE OF INJURY (e.g., Ir farm, factory, street, of	ar about ice bldg.,	21C. WHERE DID INJURY OCCUR?	(If In Balti	more City, glv	e exact lacation)	
MED	21 D. TIME OF INJURY (APPROX.)	(Manth) (Day	y) (Year) [He	aur) 21 E. IN While Wark	At Wark	· 🗆	21F. HOW DID IN	JURY OCCUR?			
	l .				deceased from NO	VEMB	60	19 69 ta NO			69 he date
	and have and	fram the ca	uses stated o	abave, (1) (1	We) (did) (did nat) v	lew the	bady after death.				
	23A. SIGNATUI	raudu	lung	io (ding _	Med. Director	Staff Phys.		E SIGNED	
	23 G. PHYSI CIAI NAME ITY	rs pel LE/MW	ono	MESIK	2 MS.	ST.	RESS BALTI		21229	KENS AVE	S.
24A	BURIAL CREA	AATION, 24B.	DATE	24C.NAM	E of CEMETERY OF CRE	MATORY		LOCATION	(City, tawn,	or county)	State)
1	Burial	1:	1-24-196	9 Loud	don Park Ceme	etery	Ва	ltimore, M	aryland	1	
25A	OV 24 19	69 Car	S E	ME AL		25C.	FUNERAL DIRECTO			ADDRESS	21229
VS	150-REV. 1/1/6	В									

ps ps

1	BALTIMORE CITY HEALTH DEPARTMENT
7.50.5	J-525 69 11543 CERTIFICATE OF DEATH REG. NO. 69 11543
and eat! ase the the Sucl	1. NAME OF DECEASED 2, DATE AND HOUR OF DEATH
de de con	(Type or Print) ROLATIO JOHNSON 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, if institution; residence before admission)
of of ath	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, if institution: residence before admission) A. STATE B. COUNTY
se Se (5) and de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) COLY OF TOWN
og Falt W.	TIPICATE AMENDED-11/26/69 C. CITY OR TOWN VES VINSIDE CITY LIMITS? VES VINSIDE CITY LIMITS? VES VINSIDE CITY LIMITS?
- BB + 0	South Bould nous bline well Huspital E. STREET AND NUMBER
pting d cau r att prior	792 Knartley 20.
tribu mine gula sed mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In Jeors If Under 1 Yr. If Under 24 Hrs. Manths; Days Hours; Min.
occu ontri regu regu ease	M WIDOWED DIVORCED 1923 46 46 11. CITIZEN OF WIND OF BUSINESS OR INDUSTRY 11. SIRTHPLA OF (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
th dete in ece	done during most of working lite, even if retired)
iti d	Minister 13. FATHER'S NAME 14. MOTHER'S MADEN NAME
direct; (4) Uh way	Louis Johnson Mary C. Cornish
dir dir dis	15. Was Deceased Ever in U. 5. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO.
istar he d kind deat ce o	No SECURITY NO. 212-14-9646 Claren w Johnson (lewother)
SS + T I III	I I I I CAUSE OF DEATH
his a o, if fany nced enda d or	BETWEEN ONSET AND DEATH
Also Also e of noun atte	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:
7.20.8	(This daes not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)
3 C 8 3 E	ANTECEDENT CAUSES Harman Allen Manager Allen Andrews
A fr A fr Vho	DISEASES OR CONDITIONS, if any, giving (B) IN THE LEW YOUR OWNER OF:
(3) (3)	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)
dical dical rrns; sicia was	
edicedice burrent hysi	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
y by by be	DISEASE OR CONDITION GIVEN IN PART 1 (A). U 19A DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION
Bod Bod the ysie	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
the all by (2) ere o ph	O 21A, ACCIDENT WAS UNDERLYING 218, PLACE OF INJURY (e.g., in at about 21C, WHERE DID (If in Baltimare City, give exact location)
y the	DEATH (natify medical examiner) etc.)
d b	21D. TIME (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? White At Not While
ove na cep	Work LJ At Work LJ
P X Z Z	22. I certify that (1) (this hospital) attended the deceased fram 17-21-444 19 69 to 19
of an of an of an (e th); c	that (I) (we) last saw the deceosed olive on 11-21 19.69 and that in(my) (our) opinion deoth occurred on the dot
pit pit	and hour ond from the couses stated obave. (1) (We) (did) (did not) view the bady ofter deoth. 23A. SIGNATURE
ccides ccides to de al mu	Attending Med. Stoff A
0 - 0 - >	23C. PHYSICIAN'S [23D. ADDRESS
was was An an Prio	VIRGINIA V. FAUSTO gegree 2 centh Beil is mare Henrical Heightel
T - 4 L	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Sod D.C ase	Burnal 11/26/69 MI Clarkusin - Ballomore md
the body shows: (1) was D.O. deceased	25A. DATE RECID BY HEATTH DEPT. 7 258 NAME OF REGISTRAR 25C FUNERAL DIRECTOR ADDRESS SA
まる 3 点 3	Marlisa Face 6014 15 arris
	V\$ 150-REV. 1/1/6B

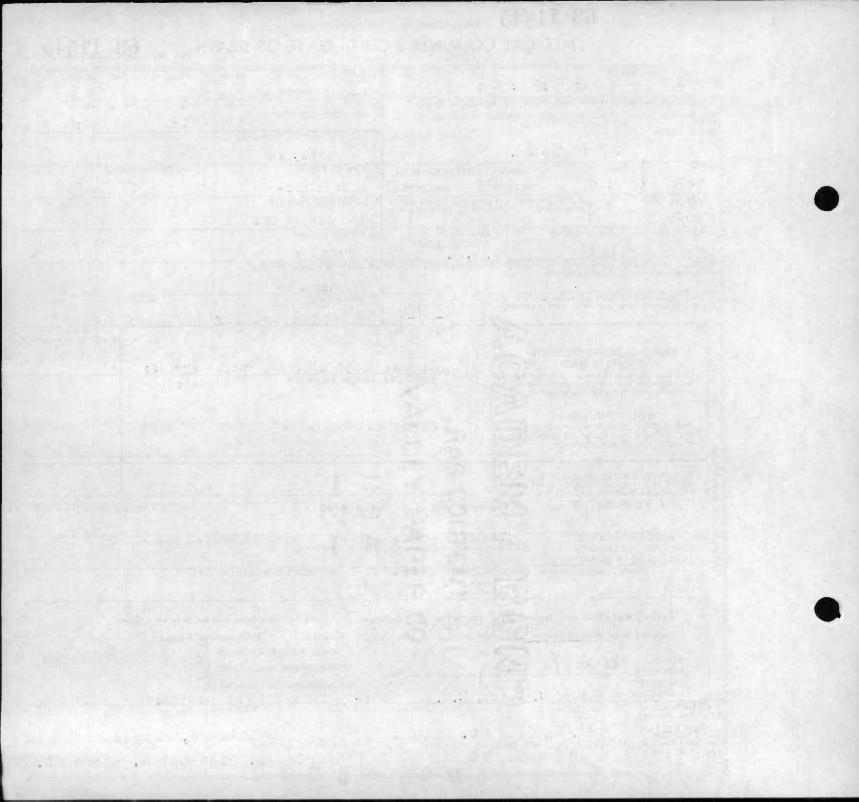
11/26/69 - Correction form from funeral director.

1	9-65-	2	MED	ICAL		AMINER'S			OF I)FATI	4	60	AARAA
BI	RIH NO.		_			, avail (ER O	CLICITI	ICATE	. 01 1		REG. NO.	03	11344
1. (Ty	NAME OF DE	ORA (CLORA)	BRAN	CH		2. DATE OF DEATH	Known	ited [Month	Doy	Yeor	Hour
4.	PLACE IN BA	LTIMORE, MA	ARYLAND, V	VHERE P	RONOL	JNCED DEAD	3. DATE			Month	Doy	Yeor	Hour
HC	L NAME OF SPITAL INSTITUTION	(IF NO	ESS OR LOCA	AL OR INS	OITUTIT	N, GIVE STREET		DUNCED D			ber 20,		10:20 A. M
0	00		Remingt	on A	venu	e	A. STATE		land	eceosed liv	B. COUNTY	residence	2 0 7
I -	emale	7. RACE Neg	rro		_	NEVER MARRIED	C. CITY C				D. INSIDE CI	TY LIMITS?	
	ATE OF BIRT			WIDOV		DIVORCED er I Yr, If Under 24 Hrs.	E CYPEE		timore		YE	s 🔀	NO 🗌
	1/6/03		i 0. AGE (Ir los) birthdo	v)66	Months	Doys Hours Min.	E. SIKEEI	AND NUM					
11.	BIRTHPLACE (State or forek	on country)	00	12. CIT	IZEN OF	13. FATHE	R'S NAME	Remi	ngton	Avente		
		FGI NI	0		WH	IAT COUNTRY?	Unk						
144	USUAL OCCU	PATION (GIN	e kind of work	148. KIND	OF BU	S.A.	Y 15. MOTH	ER'S MAID	EN NAME				
don	during most of v	vorking lite, ev	en itretired)				Un	k.					
16.	WAS DECEAS	ED EVER IN	U.S. AR MED	FORCES	? 11	7. SOCIAL SECURITY NO.	18. INFO	TAAMS			A	DDRESS	
	, 110 01 01111110 1111	(i. yes, give	wor or doles	or service	2	228-34-641	2 Isa	bella	Port	clock	2803	Remi	ngton Ave
	19.4/2	1-				CAUSE OF DEA						Al	PPROXIMATE INTERVAL
	DISEAS	E OR COND	ITION DIREC	CTLY		Arterios	clerot:	ic card	liovas	cular	diseas	e	VEEN ONSET AND DEATH
		LEADING TO				(A)IMMEDIATE	CAUSE						
	heart failure	, osthenio, etc	mode of dy	diseose,			AS A CONSE	QUENCE OF	1		**********		
	Injury or con	nplication whi	ch coused dea	oth.)									
	At	NTECEDENT	CAUSES			(B)						74	
	DISEASES O	OR CONDITI	ONS, IF ANY	GIVING		DUE TO, OR	AS A CONS	EQUENCE C	F:				
z	UNDERLYIN	G CONDIT	ION LAST.	1110 1112		(c)							
5			II										•
CERTIFICATION	OTHER SIGN	IFICANT CON	RELATED TO	NTRIBUT	ING								
뜨	DISEASE OR	CONDITION	GIVEN IN PA	RT 1 (A).		***************************************							
CER	20A. DATE OF	OPERATION	1 20B. CON	NOITION	FOR W	HICH OPERATION W	AS PERFOR	MED				21. AUTO	PSY? (Yes or No)
	22A. EXTER			14									No
MEDICAL	UNDERLYING UTING CA		TRIB-		22B. PLA home, fo	ACE OF INJURY(e.g., orm, foctory, street, olfic	in or obout e bldg., etc.)	22C. WHER	E DID (If in	n Boltimore	City, give exac	ct location)	
Σ			oy) (Yeor) (Hour	,	INJURY OCCURRED		22F. HOW	DID INJUR	RY OCCUR	17		
	(APPROX.)				m. WHII		WHILE						
	23. I cert	Ify that I h	eld on Ir	nquiry [] 1,		tap sy	and the	at on this	basis, d	eath in my a	ninion	
	result	ed fram: N	atural caus	K ses	Acci	ident Suicia	. T	amicide [_		ed manner	_	
		01	1	1		1		CHIEF MED		_	a manner L	,	
	SIGNATE	IDE C	Carl	RJ	-	Telo	ASS	ISTANT ME			ΣĪ		DATE SIGNED
	EXAMINI NAME (T	ER'S	Charle	s S.	Spri	Ingate, M.D.	•	OCIATE MED			7	ember	20, 1969
244	BURIAL CREA	AATION, 2	4B. DATE		24C.1	NAME of CEMETERY	or CREMAT	ORY	24D. LO	CATION	(City, town,	or country	/5+-+-\
RE	urial	γ)	11/24	/69	1	. Auburn			1		re, Ma		
25 A	DATE REC'D	BY HEALTH I	PEPIA A C	250 N	AME OF	REGISTRAR	25C.	FUNERAL D	DIRECTOR		AD	DRESS	
	AT ANN	1202	الله المرادة ا	Asid	Ser.	EA.		Chara	es A.	Ric			arre St.
VS I	51-REV. 1/1/68				-5	70-	1 1		9				

ATT TO THE ATT IT AND SHAPE TO Appropriate the control of

69 11545 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 69 11545 BIRTH NO. 1. NAME OF DECEASED 2. DATE OF DEATH Known 🔼 Month Doy Yeor Hour Horace Alexander Estimoted 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Yeor Hour FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) PRONOUNCED DEAD 21 69 6:08 p M. 11

		743	Eislen	St.			A. STATE	Mary	: (Where decessed land	B, COUNTY	residence befo	ore odmission)
6. S	EX	7. RACE		8. MARE	NED [NEVER MARRIED	C. CITY	OR TOWN		D. INSIDE CI	TY LIMITS?	
		colore	đ	WIDOV	_		I	Baltimo	e	YE	s No	
9. D	ATE OF BIRT	Н	lost birthdoy	.1	If Und	ler I Yr. It Under 24 Hrs.	E. STREE	T AND NUA	BER			
1	10/6/13	3	lost bit indo	56	111011111	Doys Incore I min.	743	Eisler	St.			
11. B	IRTHPLACE (S	tote or forel	on country)			TIZEN OF	13. FATH	IER'S NAME	11111111111111			
No	orth Ca	aroli	na			HAT COUNTRY?	Uı	nknown				
14A.I	USUAL OCCU	PATION (GI	e kind of work	4B. KINE	OF B	USINESS OR INDUSTRY	15. MOT	HER'S MAID	EN NAME			
done	during most of w	orking lite, ev	en Itrelired)				Ilml	tnawn				
16. V	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	5?	7. SOCIAL	18. INF			A	DDRESS	
(Yes,	no or unknown)	(It yes, give	wor or doles o	of service)	SECURITY NO. 220-05-280	O T	lonial	Griffin	107 0-	7 7 A	
1	9.	9 25	/			CAUSE OF DEA		Jaillel	GLILLI	403 59	APPRO	VO
	4/9	100									BETWEEN	ONSET AND DEATH
		E OR COND LEADING TO	ITION DIREC	TLY			77.					
				ng. e.g				pertens	ive cardio		r	
	heart foilure	osthenio, etc	mode of dyl . Ii meons the ch coused deo	diseose,		DUE 10, OK A	S A CON:	EQUENCE OF	•	disease		
	injury or con	-parcetton wat	CII COUPEG GEO	,								
		NTECEDENT				(B)						
	RISE TO THE	OR CONDITI	ONS, IF ANY,	GIVING		(B)DUE TO, OR	AS A CON	SEQUENCE C	F:			
z	UNDERLYIN	G CONDIT	ION LAST.			(c)						
임			11									
CERTIFICATION	TO THE DEA	ATH BUT NOT	RELATED TO	THE TERM	INAL				·····	***************		
12	OA. DATE OF	OPERATIO	1 20B. CON	DITION	FOR W	HICH OPERATION WA	S PERFO	RMED			21. AUTOPSY	(? (Yes or No)
O	0											
	2A. EXTER	NAL CAUSE	WAS		22B. PL	ACE OF INJURY (e.g.,	in or obou	1 22C. WHER	E DID (il in Boltimo	re City, give expe	ct locotion)	no
	UNDERLYING UTING CA				home,	ACE OF INJURY (e.g., form, foctory, street, office	bldg., etc.	NJURY OC	CUR?			
	2D. TIME (oy) (Yeor)	(Hou	7) 228	INJURY OCCURRED		22F. HOW	DID INJURY OCC	UR?		
	OF INJURY (APPROX.)				WH		WHILE					
2	3.				m. WC	ORK AT W	ORK					
	1 cert	Ify that I h	eld on In	quiry [Inspection X Aut	opsy 🗌	ond the	at on this basis,	deoth in my	ppinion	
	result	ed from: N	loturo! cous	es X	Acc	Ident Suicid		Homicide [ned monner		
		1	-						DICAL EXAMINER			
	ACTUAL	INCO	sul-	75	VA		Α.		DICAL EXAMINER	H	DA	TE SIGNED
	SIGNATU		100 1 1	4		M.D				H		
	NAME (T		erner 1	T. Or	itz	M.D.			Medical F	Li Trominon	1	1/22/60
24A.	BURIAL CREA	MATION,	4B. DATE		24C.	NAME of CEMETERY	or CREMA	TORY	24D. LOCATION	(City, town,		1/22/69 (Stote)
Spr. g	OVAL (Specil	(Y)	11/25	100		r			13			
-	DATE REC'D	BY HEALTH			AMEC	It. Auburn	25/	. FUNERAL	Baltimo		ryland DRESS	
NC	W 24 10	159		Ja Be			230	Charle		e 661		20 04
111	N T Y	100 400	S also and			A non		a Fi	J. UIC	9 001	w. bar	re pr.
VS 1	51-REV. 7/1/68				1	3 3 9	1	5	\			
				2					Contract Con			



W-300 69 11546 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO 69 11546

BIRTH NC.							REG. NO.			
I. NAME OF DEC	CEASED BETTY	WHIT	E	2. DATE OF DEATH	Known Estimoted	Month	Doy	Yeor	Hour	
4. PLACE IN BAL	LTIMORE, MARYLAND,	NHERE P	RONOLINCED DEAD	3. DATE		Month	D	Yeor	Hour	М.
FULL NAME OF HOSPITAL OR INSTITUTION		AL OR INS	STITUTION, GIVE STREET	PRONO	INCED DEAD	Novemb	er 19,	1969	4:20	P. M.
	2921 Harvier	v Ave	nue	5. USUAL R	esidence (when		ed. If Institution B. COUNTY	: residence b	efore odmi	ision)
6. SEX	7. RACE			L'IC	rytand				191	
Female	White		RIED NEVER MARRIED NEVER DIVORCED	C. CITY OR	ltimore		D. INSIDE CI	LA1	NO 🗆	
9. DATE OF BIRT		n yeors	If Under 1 Yr. II Under 24 Hrs.	E. STREET A	ND NUMBER		- 12	.3 🗀	40	
Aug. 17		53	Months Doys Hours Min.		21 Harvi	ew Aven	ue			
_	State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	13. FATHER'	anley F	amfili	LS			
		14B. KINI	OF BUSINESS OR INDUSTRY							
Typist	working lile, even il retired)		ryland State		eona Zah					
6. WAS DECEAS	ED EVER IN U.S. ARMEI	FORCE	S? I7. SOCIAL	IB. INFORA				DRESS		
es, no or unknown)	(If yes, give wor or doles	ol service	218-10-446	2 Mr	Manuel	Pamf:			peliu	s Av
19.	. 0	_	CAUSE OF DEAT						PROXIMATE IN	
33	0, 11		CAUSE OF BEA	n		•			EEN ONSET A	
	E OR CONDITION DIRE	CTLY								
fut	LEADING TO DEATH		(A)IMMEDIATE C	AUSE Me	ningitis	and pne	eumonia			
heari toilure,	oi meon the mode of dy , osthenio, étc. It meons the nplication which coused de	disease.	DUE TO, OR A		UENCE OF:					
	NTECEDENT CAUSES		(8)							
DISEASES O	OR CONDITIONS, IF AN'	, GIVING	DUE TO, OR	S A CONSEC	UENCE OF:					
TINDERIYIN	G CONDITION LAST.	IING INE								
ó			(c)							
UI TO THE DEA	II DIFICANT CONDITIONS CO ATH BUT NOT RELATED TO CONDITION GIVEN IN P.	THE TERM	INAL							
20A. DATE OF			FOR WHICH OPERATION WA	C 0505000	-					
B DAIL OF	OF ERAMOTE 200. CO	ADIIION	FOR WHICH OPERATION WA	5 PERFORM	ED			21. AUTOF	SY? (Yes o	r No)
_									Yes	
UNDERLYING	NAL CAUSE WAS OR CONTRIB- USE OF DEATH.		22B. PLACE OF INJURY (e.g., home, farm, loctory, street, office	n or obout 22 bidg., etc.) IN	C. WHERE DID	(il in Boltimore	City, give exoc	t locotion)		
	(Month) (Doy) (Year) (Hou	r) 22E.INJURY OCCURRED	23	F. HOWDID IN	JURY OCCU	R?			
OF INJURY (APPROX.)			m. WHILE AT NOT W	WHILE						
	ify that I held an I	nguiry [I Immedia D. A.	च	1.0					- 1-1
			A .	K_ yaqo	and that on t	his basis, c	leath In my o	pinlon		
result	red fram: Natural cou	ses K	Accident Sulcide	Ha	nlcide	Undetermin	ed monner			
	(1)			C	HIEF MEDICAL	XAMINER		De l'el		
SIGNATU	IDE Mari	2 0	Que II	ASSIS	TANT MEDICAL	XAMINER	x	- 1	DATE SIGN	IED
EXAMINE NAME (T	ER'S Charles	S. S	Springate, M.D.		CIATE MEDICAL		_	mber 2	0. 196	9
AA. BURIAL CREA	MATION, 248. DATE		24C. NAME of CEMETERY			LOCATION	(City, town,	or county)	(Stot	
Burial	1 11/2	2/69	Greek Ortho	dox		Baltim	ore Man	rylan	a	
SA. DATE REC'D	BY HEALTH DEPT	258. N	AME OF REGISTRAR	25C. F	UNERAL DIRECT	O.R.	AD	DRESS		
NOV 2	24 1969 Jack	EX	AME OF REGISTRAR		nard, J.,				arfor	rd Ro
		-								

Vsl77 from Dr.Springate

1	BALTIMORE CITY HEALTH DEPARTMENT GO 11 - 45
5 5 6 7 g	69 11547 CERTIFICATE OF DEATH REG. NO. 69 11547
oital and of death Deceased on the on the oth. Such	1. NAME OF DECEASED (Type or Print) JAMES A COURTNEY 2. DATE AND HOUR OF DEATH NOURUSS 20,1169 02:50 A M
a de la companya de l	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE R. COUNTY
n a hosp cause use; (5) tendanc r to dec	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION D. INSIDE CITY LIMITS?
ing cau	UNION MEMORIAL HOSPITAL E. STREET AND NUMBER 3113 ST PAUL ST APT#3
tribut mined gular sed p made	
occurr ontribu ermine regula eased is mad	Months Doys Hours Min.
or condet	SHIP YARD WORKER NAVY YARD MARYLAND AMERICAN
if de ect t) Ur was the positi	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
2	ROBERT A. COURTNEY HELEN M. Gardner
kin dec	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) Uf yes, give wor or dates of servicet SECURITY NO. 219-32-6216 CHART.
l by the chief medical examiner or his as spital by a medical examiner. Also, if ure; (2) Body burns; (3) A fracture of any where the physician who pronounced by No physician was in regular attendated before the remains are embalmed or the remains are embalmed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.d., heart failure, asthenia, etc., il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C) CIMPLOS IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A). IN CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). IN CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). IN CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). IN CERTIFYING CAUSES OF DEATH? IN CERTIFYING CAUSES OF DEATH? IN CERTIFYING CAUSES OF DEATH? IN IN Boltimore City, give exact location being large or in the part of the p
roved he hosy y natu xcept ind (6) btaine	Work At Work
appr fan) fan) il (ex	22. I certify that (1) (this hospital) attended the deceased from 11/20/69 19/69 to 17/20 19/69 that (1) (we) last saw the deceased alive on 11/20/69 19 and that in(my) (our) opinion death occurred on the date
9-08	
assed to dent of ospital death)	and hour and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE
al the	Attending Med. Shaff i1/20/69
was r was r A. at c prior pprov	23C. PHYSICIAN'S NAME (Type) CESAR A BRAVO MID UNCON MEMORIAZ HOSPITAL
ody S: (1 D.O.	Burial 11/22/69 New Cathedral Baltimore, Maryland
This the b show was deced	NOV 24 1969 F. John Control of Registrate 25C. Funeral Director Address Leonard J. Buck Inc Baltimore, Md.
	'S 150-REV. 1/1/68

Server of the se

2 09-22-90 X MY 100 MY 100 MARK 100 MAR

- A T - A T - A T A -

and the second s

A SAME IN

Albridate

THE RESIDENCE OF THE PROPERTY AS A PROPERTY OF THE PROPERTY OF

ę

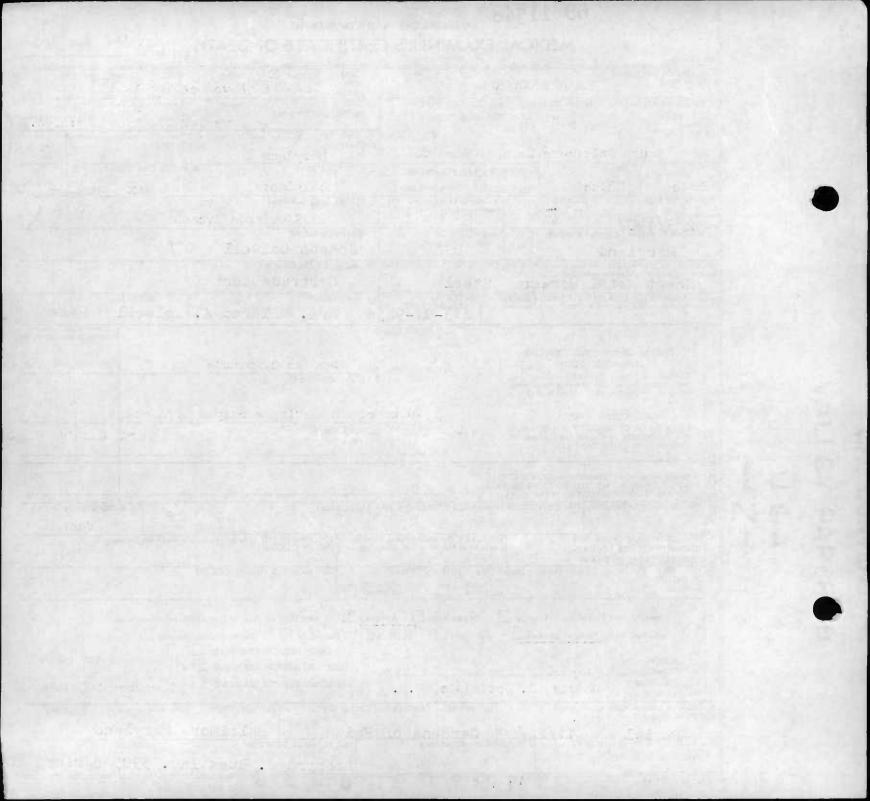
C-440 69 11548

0	BALTIMORE	CITY	HEALTH	DEPARTMENT

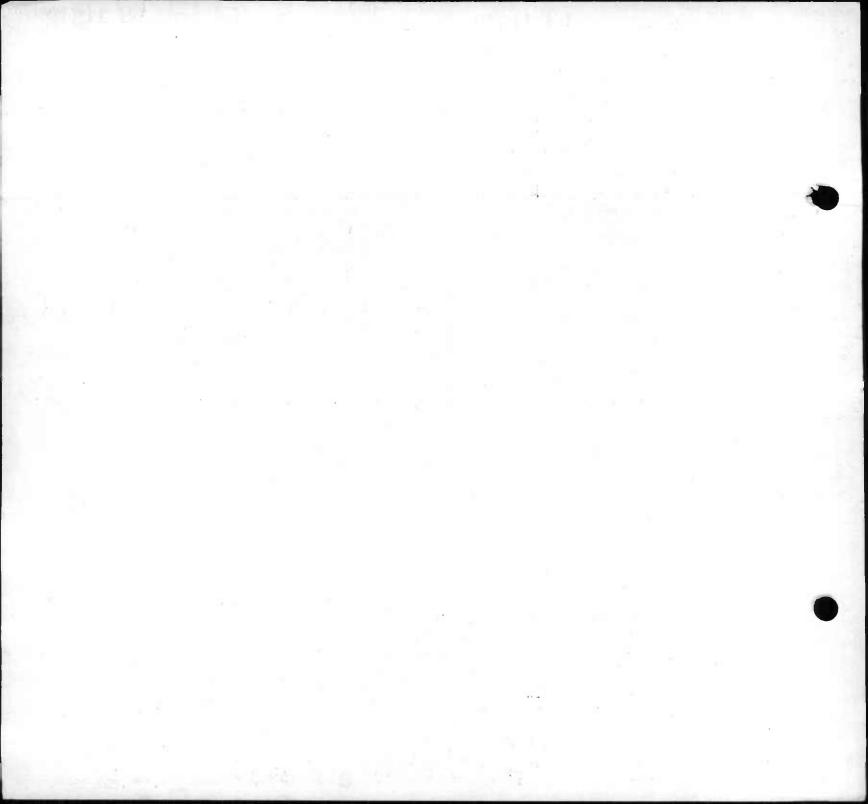
BALTIMORE CITY HEALTH DEPARTMENT	

65	11540
00	TT) (

BIRTH NO.	MI	DICAL	EXAMINER 3	LEKTIF	ICATE	F DEAT	REG. NO		510
I. NAME OF DEC		m corre	-	2. DATE	Knawn 🛚	Manth	Day	Year	Hour
		RT COLWE		OF DEATH	Estimoted		ber 20,		M.
FULL NAME OF HOSPITAL	TIMORE, MARYLAND (IF NOT IN HOS ADDRESS OR LO	PITAL OR INSTIT	JTION, GIVE STREET		DUNCED DEAD			1969	9:32 A.M.
OR INSTITUTION Sou	ıth Baltimor	e Gener	(DOA) al Hospital	5. USUAL A. STATE	RESIDENCE (W		ed. If institution: B. COUNTY	residence b	efare admission)
6. SEX	7. RACE		NEVER MARRIED	C. CITY C		•	D. INSIDE CIT	Y LIMITS?	
Male	White	WIDOWE	A		Baltimo:	ce	YES	E 1	NO 🗆
9. DATE OF BIRTH	lost birth	(In years Inday)	Under I Yr. II Under 24 Hrs. onths Days Hours Min.	E. STREET	3105 Or	lando Av			
11. BIRTHPLACE (S	tate ar fareign country	-	. CITIZEN OF	13. FATHE	R'S NAME	Lando IIV	CHOC		
Mary	rland		WHATESUNTRY?	Jo	seph Co.	Lwell			
14A.USUAL OCCU		d)[Steel		Gertrud				
16. WAS DECEASI	ED EVER IN U.S. ARM	NED FORCES?	17. SOCIAL	18. INFO			ADI	DRESS	
(Yes, na or unknown)	(If yes, give wor or dat	es of service)	213-01-94	8	Mrs. Mi	Ldred K	. Colw	ell	Same
19.44	1.0		CAUSE OF DEA	тн					PROXIMATE INTERVAL
DISEASI	E OR CONDITION DI	RECTLY							
	LEADING TO DEATH	1.0	(A)IMMEDIATE		ardiac ta	amponade			
heart failure,	at mean the mode of asthenia, etc. It means	the diseose,	DUE TO, OR	AS A CONSI	QUENCE OF:				
injury or can	plication which coused	deam.)							
	NTECEDENT CAUSES				ssecting	aneurys	m of aor	ta	
RISE TO THE	ABOVE CAUSE (A)	TATING THE	DUE IO, OK	AS A CONS	EQUENCE OF:				
Z	IG CONDITION LAS	1.	(C)						
O TO THE DEA	II IFICANT CONDITIONS ATH BUT NOT RELATED CONDITION GIVEN IN	TO THE TERMIN							
20A. DATE OF			R WHICH OPERATION W	AS PERFOR	MED			21. AUTOI	PSY? (Yes ar No)
0									Yes
Z2A. EXTERI	NAL CAUSE WAS	22	B. PLACE OF INJURY (e.g.,	In or obout	22C. WHERE DI	D (II in Boltimo	re City, give exoc	location)	103
	OR CONTRIB-	no	me, lorm, factory, street, offic	e blag., etc.)	INJURY OCCU	ır			
OF INJURY (APPROX.)		eor) (Hour)		WHILE	22F. HOW DID	INJURY OCCI	JR?		
23.									
	ify that I held on	Inquiry	Inspection Au	topsy	ond that a	this basis,	deoth in my o	plnion	
result	ed from: Notural c	auses X	Accident Suicid	le 🗌 📗	domicide 🗌	Undetermi	ned manner]	
ACTUAL	00	1.	1,.1		CHIEF MEDICA	L EXAMINER		1010	DATE SIGNED
SIGNATU	JRE Class		M.D	. AS	SISTANT MEDICA	L EXAMINER	K.		DATE STOTICE
EXAMINI NAME (T	Unarie	es S. Sp	ringate, M.D.	ASS	OCIATE MEDICA	L EXAMINER	□ Nove	mber :	20, 1969
24A. BURIAL CREA REMOVAL (Specif	MATION, 248. DATE		24C. NAME of CEMETERY			D. LOCATION			
25A. DATE REC'D		/21/69	Gardens of		h FUNERAL DIRE		ore Mar	ylano DRESS	1
NOV 24	1505	S	A COLOR OF THE COL						Harford H
VS 151-REV. 1/1/68		1 ./	7-9-0-1	7 7		3			

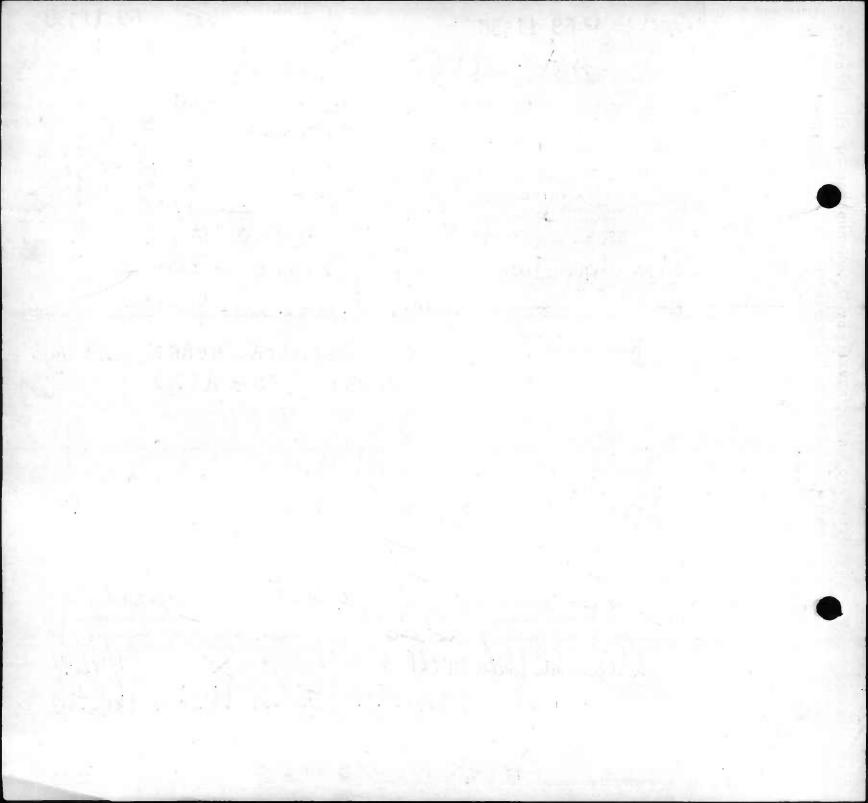


BIR 1, N	AME OF DECEA	SED			2. DATE	AND HOUR OF DEAT	TH
	pe ar Print)	Grace L. To	eets			21, 1969	4:00P
3.	PLACE IN BALTI	MORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased lived. If	f institution: residence before admis
FIL	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	ITION GIVE STREET	Maryland, 2		2834
HC	SPITAL OR	ADDRESS OR LOCA	ATION)	THON, GIVE STREET	C. CITY OR TOWN		NSIDE CITY LIMITS?
		4923 Westh:			Baltimore		YES X NO
0	00	Baltimore,	Md. 2:	1229	E. STREET AND NUMBER	11. D. 1	
	- T	RACE	1-		4923 Westhi	9. AGE (In years	If Under 1 Yr., If Under 24
5. \$	Female	White		NEVER MARRIED	March 13,1886	llast birthdov)	If Under 1 Yr. If Under 24 Manths Days Hours Mi
			WIDOWED		11. BIRTHPLACE (Stote or fo		12. CITIZEN OF WHAT COUR
		orking lile, even if retired)				,	
12	Homen				Maryland	AAAE	USA
13.	FATHER'S NAM						
		ry Burgoyne			Emma Virgin	ia Winks	
1 S. (Ye	Was Deceased E s, no ar unknown)	ver in U.S. Armed For If yes, give wor or date	ces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			215-10-2055	Claude B. Smith	1510 Lakes	side Ave.Balto.15
	18. 4 /	2		CAUSE OF DEAT	ensive CARdi		APPROXIMATE INTERV
	1 ' ' '	licotian which coused NTECEDENT CAUSES		Lienera	D ARterioso	lerosis -	10 YRS.
	DISEASES OR		any, giving	(B) CO. (C)	DRTERIOSO S A CONSEQUENCE OF:	leuosis -	10 YRS.
ICATION	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	CANT CONDITIONS OF CONDITION ISS. CONDITION ISS. II CANT CONDITION S CONDITION OF RELATED TO THE NOT RELATED TO THE NOT RELATED TO THE NOTITION OF THE NOTI	any, giving stoting the INTRIBUTING HE TERMINAL IT 1 (A).	(c)	A CONSEQUENCE OF:		
	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	CONDITIONS, if above cause (A) CONDITION last. II CANT CONDITION S CO	any, giving stating the NTRIBUTING HE TERMINAL IT 1 (A).	(c)			RE FINDINGS CONSIDERED CAUSES OF DEATH?
CAL CERTIFICATION	DISEASES OR rise to the UNDERLYING OTHER SIGNIFICATION THE DEATH DISEASE OR CO 19A-DATE OF CONTRIBUTOR CONTRIBUTOR	CONDITIONS, if above cause (A) CONDITION last, II CANT CONDITION S CO BUT NOT RELATED TO TI NOT RELATED TO TI NOT RELATED TO TI NOT RELATED TO	any, giving stoting the NTRIBUTING HE TERMINAL IT (A). IDITION FOR N	(C)WHICH OPERATION PLACE OF INJURY (e.g., e, form, foctory, street, c		No) 208. IF YES, WEI	
CAL CERTIFIC	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CONTRIBUT OR CONTRIBUT DEATH (notify notify notification notify notification notification notify notificat	CONDITIONS, if above cause (A) CONDITION last. II CANT CONDITION S CO BUT NOT RELATED TO TO NOT RELATED TO TO NOT NOT NOT NOT NOT NOT NOT NOT N	any, giving stoting the NTRIBUTING HE TERMINAL IDITION FOR NED 218.	VHICH OPERATION PLACE OF INJURY (e.g., e, form, foctory, street, c	in or about 21C. WHERE DID ffice bidg., INJURY OCCUR?	No) 208, IF YES, WEI IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
AL CERTIFIC	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CONTRIBUT OR CONTRIBUT DEATH (notify notify notification notify notification notification notify notificat	CONDITIONS, if above cause (A) CONDITION last.	any, giving stoting the NTRIBUTING HE TERMINAL IDITION FOR NED 218.	PLACE OF INJURY (e.g., e, form, foctory, street, c	in or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	No) 208. IF YES, WEI IN CERTIFYING (If in Baltin	RE FINDINGS CONSIDERED CAUSES OF DEATH?
CAL CERTIFIC	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF CONTRIBUT DEATH (notify not for individual control or contribut death (notify not for individual control or	CONDITIONS, if above cause (A) CONDITION last.	any, giving stoting the NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR N FORMED 21B. hom etc. (Hour) 21E. Wh	WHICH OPERATION PLACE OF INJURY (e.g., e., form, foclory, street, c.) INJURY OCCURRED ILL AL Not Whick	in or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	No) 208, IF YES, WEI IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
CAL CERTIFIC	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CONTRIBUT DEATH (natify n DEATH (natify n OF INJURY (APPROX.)	CONDITIONS, if above cause (A) CONDITION last.	any, giving stoting the NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR NED 218. How etc	WHICH OPERATION PLACE OF INJURY (e.g., e., form, foclory, street, c.) INJURY OCCURRED ILL AL Not Whick	20A. AUTOPSY? (Yes or in or about 21C. WHERE DID office bidg., INJURY OCCUR?	No) 208, IF YES, WEI IN CERTIFYING (If in Baltin	RE FINDINGS CONSIDERED CAUSES OF DEATH? mare City, give exoct location)
CAL CERTIFIC	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF CONTRIBUT DEATH (notify not 1) The Contribution of Contribution of Contribution (APPROX.)	ATTECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last.	any, giving stating the NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR VECTOR (Hour) 21E, White War 21E, White War 21E, white was allowed an arrow of the state of the s	PLACE OF INJURY (e.g., e., form, foctory, street, of the property of the prope	20A. AUTOPSY? (Yes or in or about 21C. WHERE DID office bidg., INJURY OCCUR?	No) 208. IF YES, WEI IN CERTIFYING (If in Baltin	RE FINDINGS CONSIDERED CAUSES OF DEATH? mare City, give exoct location)
CAL CERTIFIC	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF CONTRIBUT DEATH (notify not 1) The Contribution of Contribution of Contribution (APPROX.)	NTECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last. I CANT CONDITION S CO BUT NOT RELATED TO TO NOT RELATED TO	any, giving stating the NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR VECTOR (Hour) 21E, White War 21E, White War 21E, white was allowed an arrow of the state of the s	PLACE OF INJURY (e.g., e., form, foctory, street, of the property of the property of the deceased from the deceased from the property of the p	20A. AUTOPSY? (Yes or in or about 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID I	No) 208. IF YES, WEI IN CERTIFYING (If in Baltin	RE FINDINGS CONSIDERED CAUSES OF DEATH? mare City, give exoct location)
CAL CERTIFIC	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CO 21A. ACCIDENT OR CONTRIBUT DEATH (notify in Control of Injury (APPROX.) 22. I certify that (I) (we) I and hour and 23A. SIGNATOR 23C. PHYSICIAN	NTECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last.	any, giving stating the NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR VECTOR (Hour) 21E, White War 21E, White War 21E, white was allowed an annual results of the state	WHICH OPERATION PLACE OF INJURY (e.g., e., form, foclory, street, c., form	20A. AUTOPSY? (Yes or in or about 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID I	No) 208, IF YES, WEIN CERTIFYING (If in Baltin	RE FINDINGS CONSIDERED CAUSES OF DEATH? mare City, give exact location) 196 opinian death accurred on the
CAL CERTIFIC	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF CONTRIBUT DEATH (natify in 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) I and hour and 23A. SIGNATURE	NTECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last.	any, giving stoting the NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR VECTOR (Hour) 21E, White was all of the dead of the d	WHICH OPERATION PLACE OF INJURY (e.g., e., form, foclory, street, c., form	20A. AUTOPSY? (Yes or in or about 21 C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID 1 19 and view the bady ofter death of the bady of the of the	No) 208. IF YES, WEI IN CERTIFYING (If in Baltin NJURY OCCUR? 1969 to 10. that in (my) (our) of Phys.	RE FINDINGS CONSIDERED CAUSES OF DEATH? mare City, give exoct location) 196 opinlan death accurred on the
MEDICAL CERTIFIC	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19 A. DATE OF CONTRIBUT DEATH (notify not provided by the control of the contr	NTECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last.	any, giving stoting the NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR VER TO STORMED 21B. Wh. Www. Wh. World of the delive an	WHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street, c., form	20A. AUTOPSY? (Yes or in or about 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID 1 19	No) 208. IF YES, WEI IN CERTIFYING (If in Baltin NJURY OCCUR? 1969 to 10. that in (my) (our) of Phys.	RE FINDINGS CONSIDERED CAUSES OF DEATH? mare City, give exoct location) 196 opinlan death accurred on the
MEDICAL CERTIFIC	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19 A. DATE OF CONTRIBUT DEATH (notify not included by the contribution of the contributi	NTECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last.	any, giving stoting the NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR VIPORMED 21B. hom etc.: (Hour) 21E. Wh. wo. 1) attended the doll ve anted above. (I	WHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street, c., form, foctory, street, c., file At Not White At Work At Work (e.g., form, foctory, street, c., form, foctory, st	20A. AUTOPSY? (Yes or in or about 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID I and view the bady after death 23D. ADDRESS 5217 York Roal EMATORY 24D	No. 208. IF YES, WEI IN CERTIFYING (If in Baltin NJURY OCCUR? 1969 to A that in(my) (our) of the complete	RE FINDINGS CONSIDERED CAUSES OF DEATH? mare City, give exoct location) popinion death accurred on the location of the locat
MEDICAL CERTIFIC	AI DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF C 21A. ACCIDENT OR CONTRIBUT DEATH (notify in 21D. TIME OF INJURY (APPROX.) 22. I certify the control of the control 23A. SIGNATUR 23C. PHYSICIAN NAME (Typ. A. BURIAL CREM REMOVAL (Sp.	NTECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last. II CANT CONDITION S CO BUT NOT RELATED TO TINDITION GIVEN IN PAR OPERATION 198 CON WAS PERI T WAS UNDERLYING INCOME TINDICAL SE OF medical examiner) Month) (Day) (Yeor) ATION, 248 DATE ecify) ATION, 248 DATE	any, giving stoting the NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR VIPORMED 21B. hom etc.: (Hour) 21E. Wh. wo. 1) attended the doll ve anted above. (I	WHICH OPERATION PLACE OF INJURY (e.g., e., form, foclory, street, of the control	20A. AUTOPSY? (Yes or in or about 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID I and view the bady after death 23D. ADDRESS 5217 York Roal EMATORY 24D	No) 208. IF YES, WEI IN CERTIFYING (If in Baltin NJURY OCCUR? 1969 to 1 that in(my) (our) of the in(my) (our) of the in(my) (our) of the incomplete in t	RE FINDINGS CONSIDERED CAUSES OF DEATH? mare City, give exoct location) 2196 opinian death accurred on the 23B. DATE SIGNED 11-22-6 (City, town, or county) (St. ADDRESS

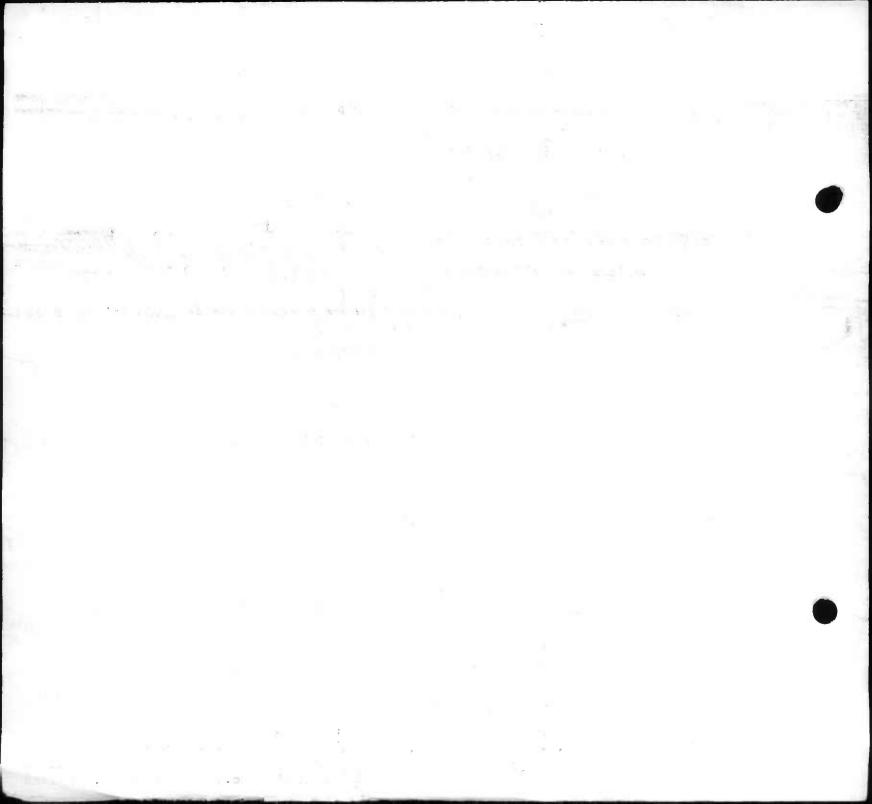


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1		HEALTH DEPARTMENT	69 11550
B	RTH NO BALTO CO 69 11550 CERTIFICA	TE OF DEATH X REG. NO.	09 11300
1.	NAME OF DECEASED LISA K. Cavey	2. DATE AND HOUR OF DEATH	14:05 pm
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If inst	titution: residence before odmission)
III H	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION) STITUTION	Md. Maryland Balt	DE CITY LIMITS?
		Battimore	YES NO
1	33THE JOHNS HOPKINS HOSPITAL	E. STREET AND NUMBER 1236 Land OJEN RO	ead. 21237
S.	SEX 6. RACE White 7. MARRIED NEVER MARRIED		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10	A. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY	10-24-69 26 days	12, CITIZEN OF WHAT COUNTRY?
	ne during most of working life, even if retired) None Mark	maryland	U.SA
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	John domatus Criver	Diane Gern	Gerns
1.5 (Y	. Was Deceased Ever in U. S. Armed Forces? es, no or unknown)(If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
1	ND SECONITY NO.	Mr. John I. Cavey- 1236 La	ndoven Road 03 022
H	18. CAUSE OF DEATH	Mr. John 1. Cavey- 1230 La	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
	LEADING TO DEATH	SE CONGENITAL HEART	6 days
	heart failure asthenia etc. If means the disease		
	injury or complication which coused death,)	EASE (VID + AJD)	
	ANTECEDENT CAUSES (B)		
	DISEASES OR CONDITIONS, il ony, giving DUE TO, OR AS rise to the obove couse (A) stoting the	A CONSEQUENCE OF:	
	UNDERLYING CONDITION lost. (C)		
	, II		
TO L	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
<	(DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FI	INDINGS CONSIDERED
Civita	111969 WAS PERFORMED V(D/ASD.	IN CERTIFYING CAU	SES OF DEATH? NO.
20		or about 21 C. WHERE DID (If In Baltimore	City, give exoct location)
14.0	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of etc.)	rice oldge, INJURY OCCUR!	
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	OF INJURY (APPROX.) While At Work At Work		1 1.0
	22. I certify that (this hospital) attended the deceased fram	10/29/69 19 10 11/	19/69.
	that (I) (we last saw the deceased alive an 11/19/6	a l	ian death accurred an the date
			nun ueurn accurred an Ine date
	and haur and fram the causes stated abave. (I) (We) (And) (Manha) v		23B. DATE SIGNED
	William Castar Walke, MOCLES Atto Phys	nding Med. Staff Director Phys.	11/19/69.
	23C. PHYSICIAN'S NAME (Type) WILLIAM EASTON ALKER M	D. John Holphin	Hoel to
2	A. BURIAL CREMATION, 248, DATE , 24C. NAME of CEMETERY OF CRE		y, town, or county) (Stote)
	REMOVAL (Specify)		
2	Burial Moreland Memorial A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	Cemetery Baltimore	Maryland ADDRESS
	104 0 1 1969 Tabel En Squage 14 0 0		331 Brehms Lane
<u> </u>	3 150-REV. 1/1/68		21213



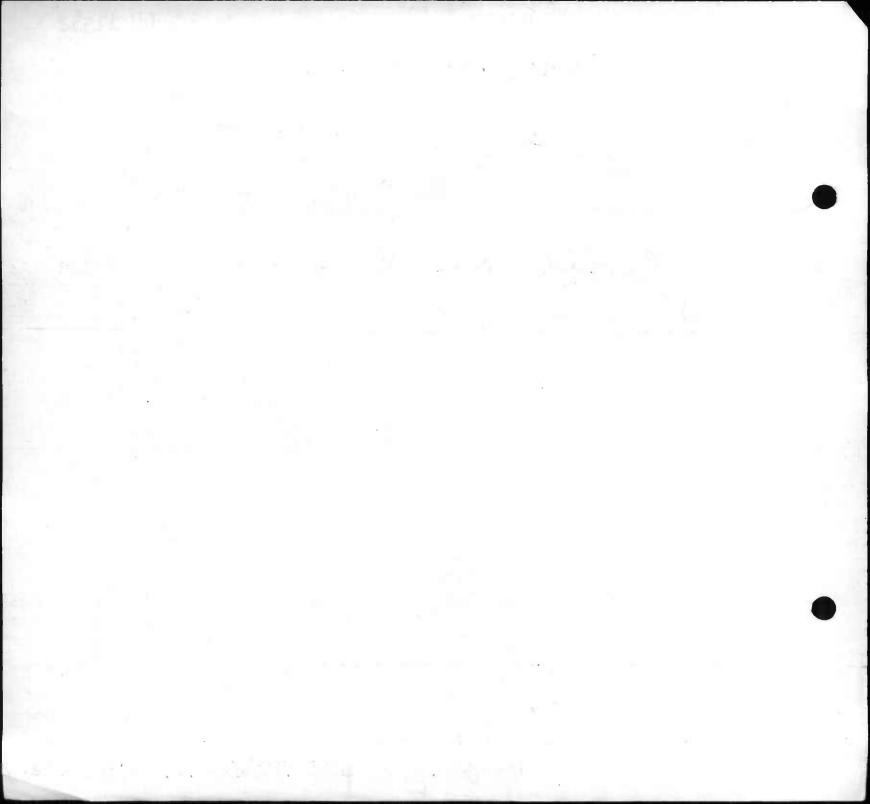
	Q	Baltimore City Health Department 69 11	551
the		BIRTH NO. CERTIFICATE OF DEATH REG. NO.	OOT
	(Ту	(Type or Print) MARGARET A. BOYER 11.21-69	6 P. M.
death.	3.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institution: residence B. COUNTY	before admission)
-	H	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MD. BOLL CO. INSIDE CITY LIMITS?	300
	1	BALTIMORÉ YES ET	NO [
he a	1	CHURCH HOME AND HOSPITAL E. STREET AND NUMBER BARRISON PT. ROAD 21921	
gular sed p made	5.		Il Under 24 Hrs.
regul eased is ma			Hours Min.
_ ~ [don	10A. USUAL OCCUPATION (Give kind at work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF	WHAT COUNTRY?
h was in n the de dispositio	5	SECRETARY RECEPTIONS KELLY PONTIAC PA. AME	RICA,
was the sposit		Table To Mainten Name	
	15	O KITCE IS. ISUKKHULUE	R.
0 - 1	(Ye	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	S
E (#	L	NO - 189-09-4185 LUTHER S. BOYER 78 BARRISON PT,	20 21221
enda d or		1 SETWEEN	ONSET AND DEATH
e de		LEADING TO DEATH (A)IMMEDIATE CAUSE CARDIAC ARIEST. 4	5 minutes
pronounced lar attenda ibalmed or		(This does not mean the mode of dying, e.g., heart laiture, osthenio, etc. It means the disease,	<i></i>
		injury or complication which caused death.)	
0 00 0		ANTECEDENT CAUSES	
3		DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the	/ A
C V		UNDERLYING CONDITION last. (C) CA BREAST & Metastases to Lung & Borus ONE	YEAR.
physician an was ii remains	z	z	
rer	ATION	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
h			ERED
phys fore t	ERTIFIC	WAS PERFORMED CA BREAST IN CERTIFYING CAUSES OF DEATH?	
where No ph d befor	1	OR CONTRIBITING CALLSE OF	cotion)
	5	O 21D. TIME (Month) (Doy) (Yeo) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
(except w ; and (6) P ; obtained	¥	While At Work (APPROX.) While At Work At Work	
and bto		22. I certify that (1) (this hospital) ottended the deceased from 1/1> 19 69 to	21 19 69
3.2		that (1) (we) last saw the deceased olive on 11 /21 19 69 and that in (my) (aur) apinion death accur	
hospital o death) I must be	1 1	ond haur and from the causes stoted obave. (1) (We) (did) (dld not) view the body ofter deoth.	ou on the dole
dec		23A. SIGNATURE	
		A.C. Chamalit, M.D. Attending Med. Director Phys. D. DEGREE Phys.	
or ior		23C. PHYSICIAN'S	TTAL
prad		H. C. CHOUVILLI JOB BALTIMORE, MD. 21231	
0 0 0	24A	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)	(Stote)
D.		Burial Nov25, 69 Westminister, Cemetery Carlisle, Pennsylvani	а
was D.O.A. at a deceased prior t written approva	25A	NOV 24 1969 Jack 258. NAME OF REGISTRAR DIPOLE Bro's Inf. 7110 Belair Rd.	Maryland
1	1/5	VS 150 DEV 1/1/40	- way J zama



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		2 5/12 CO 11 BALTIMORE CITY	HEALTH DEPARTMENT
	U	0-543 69 11552 CERTIFICA	TE OF DEATH REG. No. 68 11552
		IH NO. AME OF DECEASED	2, DATE AND HOUR OF DEATH
		e ar Phint) ERRY J. MAE	HOLT 11/10/68 19.55Am.
	3. P	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
i		LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland Carroll 5627
		SPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	1	111 Ilman mour. HOSP	Westminster YES NO NO
	7	Ball	E. STREET AND NUMBER
		Vacció.	3 Hersh Avenue
	5. SI	6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.
		USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	done	e during most of working life, even il retired)	State USA
	13. F	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
2		Gerald Wenelott	Annabelle. A. Maltideus
	1S. V	Was Deceased Ever in U. S. Armed Forces? ,,no arunknown) (If yes, give wor ar dates of service) SECURITY NO.	17. INFORMANT ADDRESS
		NO None	South MA 12MA
		18. CAUSE OF DEATH	APPROXIMATE INTERVAL
	ŀ	DISEASE OR CONDITION DIRECTLY	O A BETWEEN ONSET AND DEATH
		LEADING TO DEATH	se lob anel
		hearl failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:
		injury or camplication which caused death.)	2010
		DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	2m frome c2 hyps comme
5		rise to the above cause (A) stating the	and and
		UNDERLYING CONDITION last. (C)	2. A.
	Z	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	H	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
		19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0	CERTIFIC	O	NO
		21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in hame, larm, factory, street, of	n or obout 21C. WHERE DID (If in Baltimare City, give exoct lacation)
	U	DEATH (notify medical exominer) etc.)	
3		21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
5	<	(APPROX.) While At Not While At Work	
5		22. I certify that (1) (this haspital) attended the deceased from	19 to 19 19 00,
		that (1) (we) last saw the deceased alive an	19 and that In(my) (our) oblinian death accurred on the date
		and hour and from the causes stated abave. (1) (We) (did) (did not) v	iew the bady after death.
2		23A. SIGNATURE MIDALAND	23B, DATE SIGNED
5		DEGREE	Director Prays.
3		23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
7	2/1	D. IVI S. HOCK DEGREE	
3	24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	
		Burial 11/20/69 Susquehanna Memor	
	25A	DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR	25c. Fuyeral Director Flaton 25h E. Main St.
	W	N X 7 1202 " AND A MAN AND AND AND AND AND AND AND AND AND A	Thomas D. Fletcher F. H. Westminster, Md.



4-652 69 11553 BALTIMORE CITY HEALTH DEPARTMENT

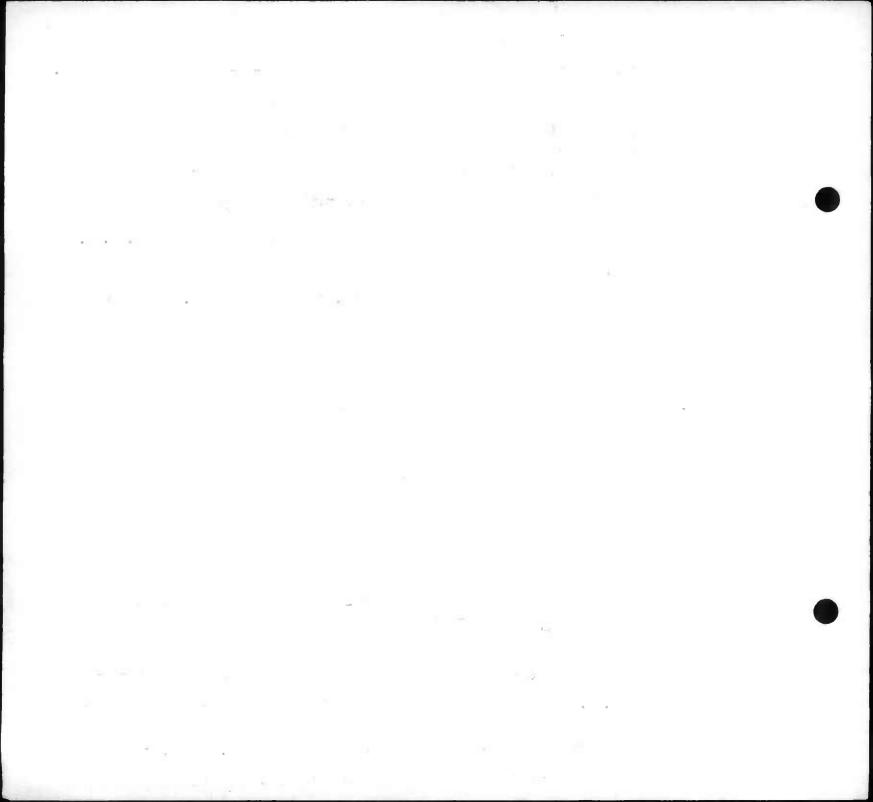
69 11-50

MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO	03 11553
I. NAME OF DECEASED (Type or Print) HELEN LAWRENCE	2. DATE Known Month Day OF DEATH Estimated	Yeor Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL TO ADDRESS OR LOCATION)	3. DATE Month Day November 18,19	Year Haur 10:30 A.,
1537 Argyle Avenue	5. USUAL RESIDENCE (Where deceased lived, # institution: A. STATE Maryland B. COUNTY	1402
6. SEX 7. RACE B. MARRIED NEVER MARRIED 1 DIVORCED 1	C. CITY OR TOWN D. INSIDE CIT Baltimore	r_/
9. DATE OF BIRTH 1928 10. AGE (In years If Under 1 Yr. II Under 24 Hrs. Months; Doys; Haurs; Min.	E. STREET AND NUMBER	NO D
II. BIRTHPLACE(Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?	1537 Argyle Avenue	
4A.USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 17. SOCIAL SECURITY NO. 224-36-5407	11B. INFORMANT AD	DRESS A 15
19. CAUSE OF DEAT	TH TARRY STOCKS	APPROXIMATE INTERVA BETWEEN ONSET AND DE
DISEASE OR CONDITION DIRECTLY Multiple	e blunt force injuries to head	BEIWEEN UNSET AND DE
(This does not mean the made of dylng, e.g., heart failure, asthenio, etc. It means the disease, injury or camplication which coused deoth.)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	as a consequence of:	
UNDERLYING CONDITION LAST.	***************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Multiple 20A. Date Of OPERATION 20B. CONDITION FOR WHICH OPERATION WA	stab wounds of chest	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)
Z22A. EXTERNAL CAUSE WAS 228, PLACE OF INJURY(e.g.,	Land 1990 MULTIPE DID (V. D.)	yes
UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED	in or obout 22C, WHERE DID (If in Baltimare City, give exact bldg., etc.) INJURY OCCUR? 1537 Argyle Avenue	40
OF INJURY	WHILE COLOR TO THE TOTAL COLOR TOTAL COLOR TO THE T	juries and sta
	opsy ond that on this basis, death in my o	
resulted from: Natural couses Accident Suicid		
ACTUAL huld Wheel h	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D. EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER	11/19/69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CEMETERY of CEMETERY of CEMETERY of CAR DION	or CREMATORY 24D. LOCATION (City, town,	or county) (Stote)
NOV 24 1969 2 2 2 2 2 3 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR W. R. BOAD	Fys N. Callum
/S 151.8EV. 1/1/68		- 10 10 Con Const

12/4/69 - Correction form from funeral dir ctor.

•	
7007	
and the second	
- 9 6 5	
÷	
Sp Ce Ce	
5 8 8 P P	
2000	
- S - L	
- g g g e .o	
9 ± 5 r g 9	
a de la	
E Be	
o p o p o si	
in de la constant de	
S Fi	
he of	Ì
. 5. 4. is	
E 9 7 6 5 5	1
st e e e e]
SSi TA T	1
o de de de	1
his den	ı
Als	ı
	l
approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death f any natures; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased I (except where the physician who pronounced death was in regular attendance on the 3); and (6) No physician was in regular attendance on the deceased prior to death. Such se obtained before the remains are embalmed or final disposition is made.	Ī
fro o o o o o o o o o o o o o o o o o o	1
A P P P	ł
9 X (6)	1
ns is	l
die Siris	l
o d d	l
TE YOU D	ı
in a de sint	l
T > 0 = > 0	1
5-26 5-26	l
ta ta	l
Q = 2 = 0	l
1 (5 th 2 th 2 th	l
You but	1
ot Exac	l
40 to 0	١
9 P C E E E	l
se s	I
S D O C	I
FOURTE	1
at a si oi oi	1
NA Jac	1
± 759 ₽ ₽	1
D. G	1
This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased priwritten approval must be obtained before the remains are embalmed or final disposition is made.	1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	Î
	۲

	1/1	4	= 2			BALTIMORE CIT	Y HEALTH	DEPARTMENT			00	4.4	
7	-40		69	115	54	CERTIFICA			REG.	No	69	1155	4
	RTH NO.	ECEASED			<u> </u>	CERTIFICA	TIL O						
	400 o. D 1)	Kelly, B	ernice						1-19-69	DEATH		10:30	9
3.	PLACE IN B	ALTIMORE, MA	RYLAND, W	HERE PRO	NOUNC	ED DEAD	4. USUA	RESIDENCE (W		ved. Il ins	titution: (
E	JLL NAME (e (E NO:	IN HOSME				A. STATE					mo	27
H	OSPITAL OR	ADDRE	SS OR LOCA	AL OK IN	21110110	N, GIVE STREET	C, CITY C	Marylan d		D. INSID	E CITY I	IMPER 2	2
		Providen	t Hosp	ital				Baltimor	0		YES TO	NO	7
	/ / /	1514 Div	-		t		E. STREE	AND NUMBER	0		100 (2)	140	
		Baltimor	e. Mar	vland	212	217	1	1125 Are	yle Ave	€.			
5.	SEX	6. RACE		7- MARR	IED [NEVER MARRIED	B. DATE C		9. AGE (In ye		II Unde	Doys Haurs	nder 24 His.
	Femal			WIDOW		DIVORCED	7-1	1-19	last birthdoyl		Monins	Doys Inquis	Min.
10,	A. USUAL OC	CUPATION (Giv of working life, ex	e kind of work	10B, KINE	OF BU	SINESS OR INDUSTR	11. BIRTH	LACE (State or la	reign country)		12. CITI	ZEN OF WHA	COUNTRY
	Unemp.		141					Virgin	ia		II.	S. A.	
13.	FATHER'S N	AME					14. MOTH	ER'S MAIDEN N			1 0	D . A.	
	Tho	mas H.	Kelly	r				Harriet	Gavle				
15.		ed Ever in U. S vn)[(If yes, give			16.	SOCIAL	17. INFOR	MANT				ADDRESS	
1		will ur yes, give	wor ar pale:	s or servic		SECURITY NO.	Mrs	. Helen C	rosby (S:	is.)		Same	
-	No	U	1 3	1 0	12.	CAUSE OF DEAT						100000000000000000000000000000000000000	
	DISE	ASE OR CON	DITION DIE	ECTLY	9	CHOSE OF DEAT	••				.	APPROXIMATI	
		LEADING T	O DEATH		/	(A) IMMEDIATE CA	ice Oa	vahlali	Throm	2021	5.		
	(This does	not mean the	mode of	dying, e	a.g.,	DUE TO, OR AS		JENCE OF:	100,000			**************	
	injury or c	omplication wh	ich coused	death.)							- 1		
		ANTECEDEN	T CAUSES			/e\	He	art F	arlure	2/	1		
	DISEASES	OR CONDIT	ions, it d	ony, giv	ing	DUE TO, OR AS	A CONSEC	UENCE OF:					************
	UNDERLY	he above o	N lost	slaling	the	(c)							
						(0)							
CERTIFICATION	OTHER SIGN	IFICANT COND	MONS COL	NTRIBUTIN	IG	Dinhe	tis	Wellitu	4				
CAT	DISEASE OR	ATH BUT NOT RECONDITION GO	VEN IN PART	1 (A).		****************							
THE	IYA-DATE C	F OPERATION	WAS PERF	ORMED	OR WHIC	H OPERATION	20A. A1	TOPSY? (Yes or I	IN CERTIFY	WERE FIL	DINGS	CONSIDERED	
CER	21A. ACCID	ENT WAS UND	DERLYING		218 PLA	CE OF INJURY (e.g.,	1	140					
	IOR CONTRI	BUTING CAL	ISE OF -		hame, fa	m, foctory, street, o	ffice bldg., II	NJURY OCCUR?	fit tu	Sollimore	City, give	exocl location	1)
MEDICAL	21D. TIME	(Manth)	1957			100000000000000000000000000000000000000							
ME	OF INJURY	HAIRININ (D	oy/ (reda		While A	URY OCCURRED Not Whi		IF. HOW DID IN	JURY OCCUR?				
]	Wark	LJ At Wark							
							11-18-6	39	.19to_	11-	-19-6	39	19
	1) lost sow th		/		1-19-69	19	ond t	hat In (my) (or	ur) opini	on deot	h occurred o	on the date
	ond hour a	nd from the c	ouses state	ed obove	. (1) (W	e) (did) (did not) v	lew the bo	dy ofter deoth					
	23A. SIGNAT	URE		100		- 1				2	3B, DAT	ESIGNED	
				MIL	Derge	O AUG Phy	nding	Med. Director	Shoff Phys.		11	-19-69	
	23C. PHYSIC NAME	AN'S (Type)	7 -	1	1	- Carrie	23D. ADDRE	- 1 UV.	ident Hos	pita]		7.0	
		Dr.	G. Ter	0	U	DEGREE		Division	Street -	Balt	imor	e, Mary	land
24/	REMOVAL	EMATION, 241 (Specify)	DATE	24C	NAME	of CEMETERY of CR	MATORY	24D.	LOCATION	(City,	town, or	county)	(State)
	Buri		1-22	58	Tuta	Auburn C	2m	Ţ.	Balto.	7,02			
25A	PAJERER	DEBT HEALTH		25W NAM	E OF RE	GISTRAR		NERAL DIRECTO	0	BAILE	v	ADDRESS	
NU	A MI K	,,,,,		1 9	5	900	Ka-	son 4				n S+re	o±
VS	150-DEV 1/1	140									بيأبا الباشع	1-1-6	100



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	1	HEALTH DEPARTMENT TE OF DEATH REG. NO. 69 11.555
		TE OF DEATH REG. NO. 03 11500
	I. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
1	ETHELMO DATES.	11/20/1969 / 2.30 P
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE B. COUNTY
11	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
$\ $	MARYLAM GEN. HOSPITAL	(82hme YES) NO
	48	E. STREET AND NUMBER CARLLY St.
5.	Female Regro. Never Married Never Married	8. DATE OF BIRTH 9. AGE (In years lif Under 1 Yr. If Under 24 Hr. Months: Doys Hours Min.
10	A HELIAL OCCUPATION OF THE PROPERTY OF THE PRO	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTS
	homselvite.	Virginia (c. S. A.
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Frank Bee	Such Jane Laure
15 (Y	5. Was Deceased Ever in U. S. Armed Forces? Yes,no or unknown) Uf yes, give war ar doles of service)	17. INFORMANT ADDRESS
	SECURITY NO.	2500 Jan 1
卜	18. / Q CAUSE OF DEATH	Jenna Nel - daug. 19 July -
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEAT
	(A) IMMEDIATE CAUS	
	heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)	CONSEQUENCE OF:
	ANTECEDENT CAUSES	Valendon Primas da -
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A	CONSEQUENCE OF:
	rise la lhe obove cause (A) slating the UNDERLYING CONDITION last. (C)	
1	11	
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
ERTIFIC	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY7 (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
8	21A, ACCIDENT WAS IINDERLYING (1)	
CAL	OR CONTRIBUTING CAUSE OF A harme, form, factory, street, office of the contribution of	or oboul 21 C. WHERE DID (II in Boltimare City, give exact location) ce bldg. INJURY OCCUR?
MEDI	21D. TIME (Month) (Doy) (Year) (Haud) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
2	(APPROX.) While AI Not While Work	
	22. I certify that (1) (this hospital) attended the deceosed from	191019
	that (1) (we) lost sow the deceased alive on	ond that in(my) (our) opinion death occurred on the dat
	and hour ond from the causes stated obove. (1) (We) (did) (did not) vie	ew the body ofter death.
	Miland S. al Book Attono	23B, DATE SIGNED
	DEGREE Phys.	Director Phys. 1 20 70
	M.S. AZ-IBRATIM MISCH	D. ADDRESS
24	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM	MATORY 24D. LOCATION (City, town, or county) (Stole)
	Durial 11.54-19 (1/11/11/	1-1
25	SA. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR NAV 9.4 1969 3 Case S. Valley 1. 1.	25C. FUNERAL DIRECTOR P. Salley ADDRESS
	NOV 24 1969 Black & Jackey M. M.	Keller J. H. 1348 n. Callann St.
VS	5 150-REV: 1/1/68	

address is 119 n Garey &.

d 30 Pilos 0

14

1421

520 69 11556 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 69 11556
BIRTH NC.	REG. NO. 03 11556
I. NAME OF DECEASED (Type or Print) ALICE JONES	2. DATE Known Month Day Year Hour OF DEATH Estimated M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD November 20, 1969 5:50 A. M.
	5. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
1848 Pennsylvania Avenue	Maryland /903
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female Negro WIDOWED DIVORCED	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (in years If Under 1 Yr. If Under 24 Hrs. 12/3/11 57 If Under 24 Hrs. Manths, Doys, Hours, Min.	1848 Pennsylvania Avenue
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Ga. WHAT COUNTRY?	Charles Cranven
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired)	Amanda Caulala
16. WAS DECEASED EVER IN U.S. ARMED FORCES? [17. SOCIAL	Amanda Conleix IB. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
19. // CAUSE OF DEA	John Frank Jones 1848 Penna, Ave.
THE PARTY OF DEA	BETWEEN ONSET AND DEATH
	ive cardiovascular disease
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	AUSE
heart foilure, asthenia, etc. it means the disease, injury or camplication which caused death.)	AS A CONSEQUENCE OF:
mary of complication which could debut,	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
0	an Adiopsis (void no)
₹ 22A. EXTERNAL CAUSE WAS 22B, PLACE OF INJURY (e.g.,	to or should 22C WHERE DID (II in Roll)—on City of the Color of the City of th
UNDERLYING OR CONTRIB. hame, farm, foctory, street, office	tn or obout 22C. WHERE DID (If in Boltimore City, give exact location) bldg., etc.) INJURY OCCUR?
₩ UTING LI CAUSE OF DEATH. 22D. TIME (Manih) (Day) (Yeor) (Hour) 22E,INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX) WHILE AT NOT	WHILE -
23. m. WORK AT W	
	ropsy and that on this basis, death in my opinion
resulted fram: Notural couses Accident Suicid	e Homicide Undetermined manner
01 1 11	CHIEF MEDICAL EXAMINER
ACTUAL COLONAL	ASSISTANT MEDICAL EXAMINER X
SIGNATURE Charles C Springsto M D	
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER November 20, 1969
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, tawn, or county) (Stote)
Burial 11/24/69 Church Cer	I avanageri 13 a 17a
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR / ADDRESS
NOV 24 1969 Tables to Valuey They	Vik . Surry
VS 151.REV. 1/1/68	Kelson Runeral Home 1348 N. Calhoun

•

	1-200	6	9 11		D7 16 1 11 11	ORE CITY HE					69	44-514
BII	RIHNC.		MED	ICAL	. EXAM	INER'S (CERTIFIC	CATE O	F DEAT	H REG. NO	00	11557
(Ту	NAME OF DEC	Gord			ell Lew		2. DATE OF DEATH	Known A		mber 19,		9:40 P. M
Rie	FAFIC.		IN HOSTI		DED		PRONOI	INCED DEAD		mber 19,		9:40 P. M
	46	Luthera	an Hos	pita	1		A. STATE	Maryland	ore decedsed i	B. COUNTY	10	001
	sex Male	7. RACE Negro	0	B. MARR	IEDZE NEVER	MARRIED DIVORCED	C. CITY OR	TOWN Baltimor	a	D. INSIDE CI	L.23	NO []
	DATE OF BIRTH		0. AGE (In	yeors	If Under 1 Yr. Monihs , Doys	Under 24 Hrs. Hours 1 Min.		ND NUMBER	1300	E. Eag	er St	
	BIRTHPLACE (S		country)	4 11	12. CITIZEN O WHAT CO	UNTRY?	13. FATHER			XXX		
14A don	LUSUAL OCCUP Ne during most of w	yland ATION (Give I orking lile, ever	ind of work I	4B. KIND	OF BUSINESS	OR INDUSTRY	15. MOTHE		AME		6	in tir
16. (Ye:	WAS DECEASE	D EVER IN U.	S. ARMED	FORCES of service	7 17. SOC	IAL URITY NO.	18. INFORM	Mildre	d Wil:	son	DDRESS	
Z	(This does no heart lotture, injury or com AN DISEASES O RISE TO THE UNDERLYIN	E OR CONDITE EADING TO I of meon the mosthenio, etc. liplicotion which ITECEDENT C. R CONDITIO ABOVE CAUS	DEATH ode of dyl meons the coused deo AUSES NS, IF ANY, E (A) STAT	ing, e.g., disease, lh.)		(A) IMMEDIATE CODUE TO, OR A	AS A CONSEQ		tremens			
ERTIFICATION	OTHER SIGNI TO THE DEA DISEASE OR	FICANT COND TH BUT NOT R CONDITION G	ITIONS CO	NTRIBUT	ING INAL	Acute	pancre	atitis				
CERT	20A. DATE OF					PERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
DICAL	UNDERLYING		IB-		22B. PLACE Of home, lorm, loc	F INJURY(e.g., tory, street, olfic	in or obout 2 bldg., etc.)	2C. WHERE DIE	(II in Boltimo	ore City, give exo	ct location)	Yes
	(APPROX.)	Monih) (Do) 22E, INJUR WHILE AT WORK	OCCURRED NOT	WHILE -	2F. HOW DID I	NJURY OCC	UR?		
		R'S	lural caus	es X	Accident	lian Au	Papsy X Ha	and that an micide CHIEF MEDICAL STANT MEDICAL CIATE MEDICAL	Undetermi EXAMINER EXAMINER	death in my	<u>.</u>	DATE SIGNED

Charles S. Springate, M.D. NAME (Type)

24A. BURIAL CREMATION, REMOVAL (Specily) 248. DATE

24C. NAME of CEMETERY or CREMATORY

24D. LOCATION (City, town, or county)

Burial 11-24-69 Mt. Calvery Cem. Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTORY. P. Bailon, ADDRESS Kelson F. N 1348 Calhoun Street

VS 151-REV. 1/1/68

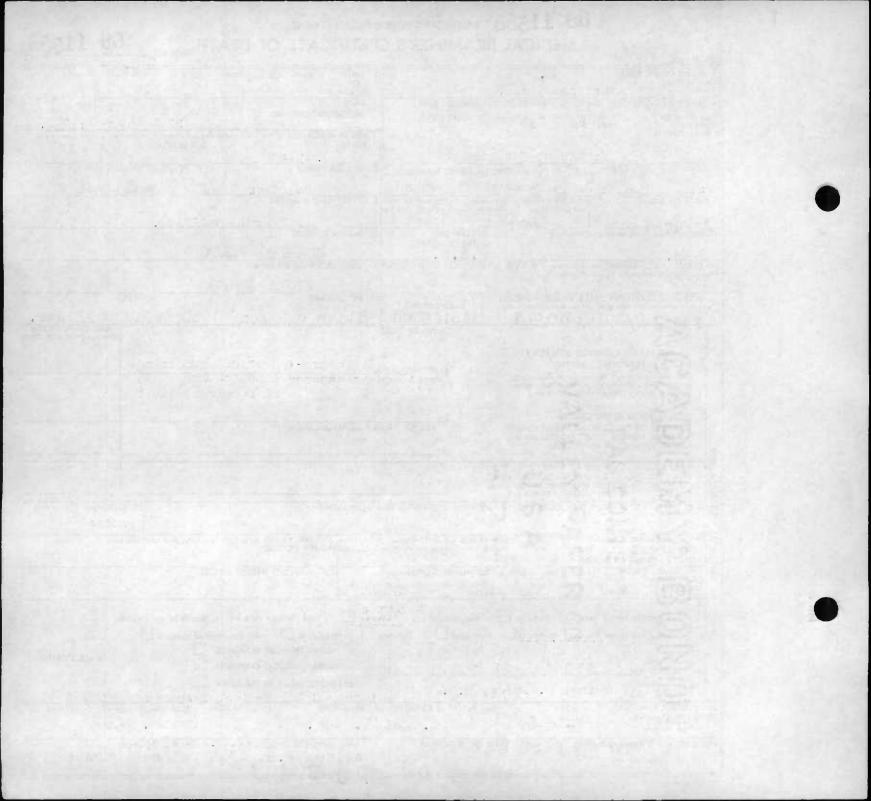
Letter 12/22/69 from Dr.Springate

9-430 69 11558 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH .
---------	------------	-------------	----	---------

69 11558

akiii ii o								
NAME OF DECEASED		2. DATE	Known 🛛	Month	Doy	Yeor	Hour	
ype or Print) Wallace Plat	OF	Estimated						
PLACE IN BALTIMORE, MARYLAND, WHERE P	DEATH					1	М.	
		3. DATE	NCED DEAD	Month	Doy	Yeor	Hour	
ULL NAME OF (IF NOT IN HOSPITAL OR INS OSPITAL ADDRESS OR LOCATION) IR INSTITUTION	SITUTION, GIVE STREET			11	22	69	3:12	D. M.
R INSTITUTION			SIDENCE (Where d			residence b	efore odmis	sion)
37 Provident Hos	spital	A. STATE	Maryland	В.	COUNTY	14	12	
	RIED NEVER MARRIED	C. CITY OR 1		11	D. INSIDE CIT	V HAITS?	00	
MAK		C, CITT OK	0					
male colored WIDON DATE OF BIRTH 10.AGE (In years	WED DIVORCED	C	Baltimor	e	YE	s X	NO L	
lost birthdoy)	H Under 1 Yr, If Under 24 Hrs. Months Doys Hours Min.	E. STREET A	AD MOWREK					
3-28-24 45			1912 Dru	id Hil	1 Ave.			
BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF	13. FATHER'S	NAME				311011	
בתר	WHAT COUNTRY?		TUADTEC	DT ATO				
A.USUAL OCCUPATION (Give kind of work) 14B. KIN	U.B.A.			PLATO				
ne during most of working lile, even il retired)	D OF BOSHVESS OK HADOSIKI	13. MOTHER	3 MAIDEN NAME					
			VIOLA J	ONES				
. WAS DECEASED EVER IN U.S. ARMED FORCE		IB. INFORM			AD	DRESS		
es, no or unknown) (II yes, give wor or dotes of service 7/29/1,3*10/9/1,	5 216168798	774 774 0	T hngo	n 10	00 Days	44 H	: 7 7 A	110
ves 1//29/43*10/9/4			n J hnson	11 19	00 Dru		PROXIMATE IN	ve.
37/,91	CAUSE OF DEAT	п					EEN ONSET A	
DISEASE OR CONDITION DIRECTLY								
LEADING TO DEATH	A SHAMEDIATE C	.ucr Gast	ro-intest	inal h	emorrha	ge		
(This does not mean the mode of dying, e.g.,	-D+I @ 70- AP-A	AUSE SAFOR	ENCE OF: COMP	licari	no			
heart failure, osthento, etc. It means the disease, Injury or complication which caused death.)	2011010111				of live			
milety of complication which course decimely			CILL	110212	or live			
ANTECEDENT CAUSES	(p)							
DISEASES OR CONDITIONS, IF ANY, GIVING	(B) DUE TO, OR A	S A CONSEQ	ENCE OF:					
RISE TO THE ABOVE CAUSE (A) STATING THE	E							
UNDERLYING CONDITION LAST.	(c)							
								-
OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING							
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)	MNAL)							
20A. DATE OF OPERATION 20B. CONDITION		S PERFORME	D			21. AUTO	PSY? (Yes o	r No)
						part		
22A. EXTERNAL CAUSE WAS	Inon management					4	Lai	
UNDERLYING OR CONTRIB-	228. PLACE OF INJURY (e.g., I home, farm, foctory, street, office	hida etc.) IN	C. WHERE DID (IF	In Boltimore	City, give exoc	t location)		
UTING CAUSE OF DEATH.	inome, rothy, total, office	0.09., 0.0.,	ONI OCCOR					
22D. TIME (Month) (Day) (Year) (Hou	or) 22E.INJURY OCCURRED	22	. HOW DID INJU	RY OCCUR	?			
OF INJURY (APPROX.)		WHILE			19/01/4			
	m. WORK AT WE	ORK L						
23.	Pari	tial						
I certify that I held an Inquiry		opsy X	ond that on this	s basis, d	eath in my o	pinion		
resulted from: Natural causes X	Accident Suicid	e Hom	Icide Un	ndetermine	d monner			
1.0 1		CI	HEF MEDICAL EXA	AMINER []			
ACTUAL // CENER/ 5	ASSIST	ANT MEDICAL EXA	AMINIED T	7		DATE SIGN	IED	
SIGNATURE								
EXAMINER'S Werner U. Spi	Mtz. M.D.		IATE MEDICAL EXA	_				
	/	Deputy	Chief Med	ical E			11/23/	
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY		1	CATION	(City, town,		(Stot	e)
Burial 11-26-69	Balto. Nat	1. Ce	M.e		Balto.	M.d		
	AME OF REGISTRAR		NERAL DIRECTOR					
10/19/ July Willes E. 238	AME OF REGISTRAR	25C. FU	NEKAL DIRECTOR	1210				
MOA 72 1200	Special and a second	Ters	on F.H.	1340	Calhou	in St.	reet	
151-REV. 1/1/68	7-4-9-3	010						
121-KE4. 1/1/00		. 4						



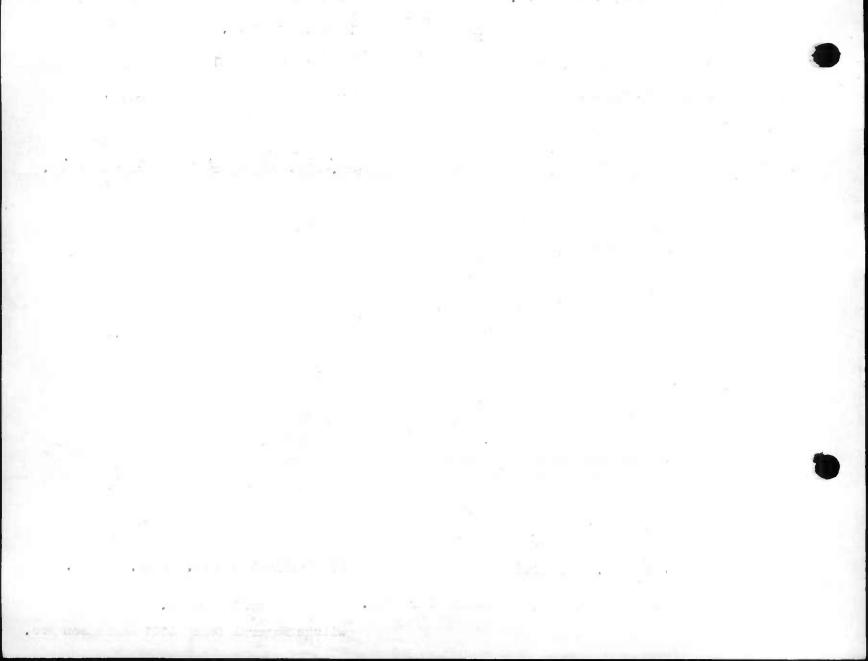
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	3-360 69	11559		TE OF DEATH	REG. NO	69 11559
1,1	IAME OF DECEASED	1	CERTIFICA		HOUR OF DEATH	
	Bader	Mr. Cha	Nes W.	1/20	11.55 P	M. M.
FL	STILL OF ADDRESS OF FOR	TAL OR INSTITUTION		MD	deceased lived. If ins Y	titution: residence belore odmission)
IN .	5 Church He	me and	Hospital	C. CITY OR TOWN BALTIMO, E. STREET AND NUMBER	RE D. INSID	YES NO NO
5	SEX 6, RACE			BROA	DAY	The same
1	Male White	WIDOWED	DIVORCED	8-10-1901 10	AGE (In years ost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.
dor	. USUAL OCCUPATION (Give kind of wo e during most of working life, even if refired)	RIOR KIND OF BUSI	tivel	11. BIRTHPLACE ISlate or loreign Baltiniere	M.D	12. CITIZEN OF WHAT COUNTRY?
13.	John Bade	~		14. MOTHER'S MAIDEN NAM! Many G		
15. IYe	Was Deceased Ever in U. S. Armed Form, no or unknown) (Il yes, giva wor or day	es of servicel c	OCIAL ECURITY NO. 9-01- 5-706	Mrs. Mary N.	1 . 0	511 N Robinson St
	DISEASE OR CONDITION D	IRECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not meon the made a heart failure, asthenia, etc. It means injury or camplication which causes	dying, e.g., s the disease,	(A) IMMEDIATE CAU	CONSEQUENCE OF:	anest.	**************************************
	ANTECEDENT CAUSE	5	101 Cal	uns. Lell	Physican	2
	DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last.	any, giving stating the	DUE TO, OR AS	A CONSEQUENCE OF:	, rum-gree	Sessing
ATION	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA	HE TERMINAL	***********************			
RTIFIC	19A DATE OF OPERATION 19B COP 11/19/69 WAS PE	IDITION FOR WHICH	lungles	20 A. AUTOPSY? (Yes at No)	20B. IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
CAL	21A. A CIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examined	218 PLAC home, farm etc.)	E OF INJURY e.g. In foctory, threet, olfi	ar obout 21 C. WHERE DID ca bldg., INJURY OCCUR?	(If in Baltimore	City, give exoct lacotian)
MEDI	21 D. TIME (Manth) (Doy) (Year) OF INJURY (APPROX.)	Hour 21 E INJU While At Work	RY OCCURRED Not While At Work	21F. HOW DID INJUR	RY OCCUR?	
	22. I certify that 🕅 (this hospita			11 - 19	69 10 11	20-19-69
	that (M) (we) last saw the decease			19_63 and that	In (aur) apini	an death occurred on the date
	and haur and from the causes sta	ted abave. 🤔 (We)	(did) (did mot) v1	ew the bady after death.		
	Ku7hi	rei as pos	Atten Phys.	ding Med. Sh	off ys.	3R DATE SIGNED
		RISHNA	12:	cherch	Home & H	etyptel.
24A	BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME of Local	CEMETERY OF CREA	MATORY 24D. LOC	ederuh Ro	tawn, or county 1 Stored
25A	OV 24 1969 Colors E	254 NAME OF NO	STRAR	25C. FUNERAL DIRECTOR	Un Inc. 301	ADDRESS ADDRESS ADDRESS
A2 .	50-REV. 1/1/68					

address is 1053 Hiller St.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician wing an attendance on the deceased prior to death. Such written analysis must be obtained before the remains are embalmed or final disnocition is made.

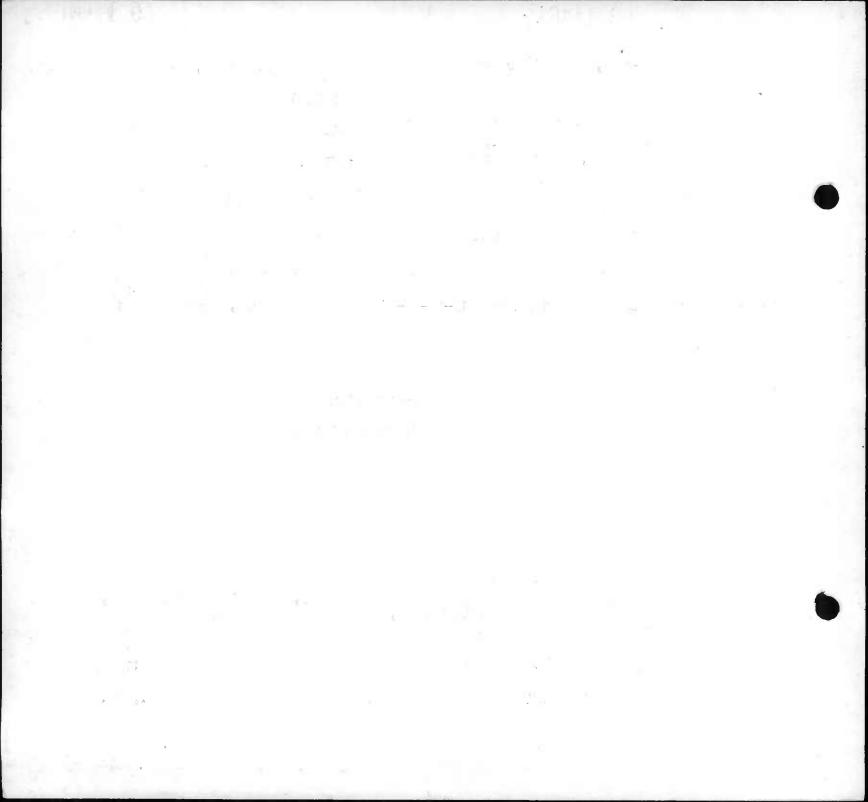
69 11560	BALTIMORE CIT	Y HEALTH DEPARTMENT		00 11 00
	CERTIFICA	TE OF DEATH	REG. NO	69 11560
BIRTH NO. 1. NAME OF DECEASED			D HOUR OF DEAT	'Н
(Type or Print)			1-11-	
3. PLACE IN BALTIMORE MARYLAND, WHERE PRO	omeika Nounced DEAD	4. USUAL RESIDENCE (When	21/69 deceased lived. If	institution: residence before odmiss
FULL NAME OF (IF NOT IN HOSPITAL OR INSTANTION ADDRESS OR LOCATION)	TITUTION, GIVE STREET	1324 Glyndon .	Ave. Boxbtx	ASIDE CITY LIMITS?
1324 Glyndon Ave.		E. STREET AND NUMBER		YES NO
		132/ Clandon	Ave.	
WIDOW	ED NEVER MARRIED DIVORCED	11/16/1000	lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Min
10A. USDAL O CCUPATION (Give kind of work 10B. KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUN
	Lehem Steel	Germany		U.S.A.
13. FATHER'S NAME		Germany 14. MOTHER'S MAIDEN NAM	ĄE	
Domeika		Henrietta		
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (III yes, give war or dates of servic	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	SECORITI NO.	Mrs. Marie Dor	neika, 132	4 Glyndon Ave.
18. 4/ A 4 X I	CAUSE OF DEA			APPROXIMATE INTERVA
DISEASE OR CONDITION DIRECTLY		B Us		1
LEADING TO DEATH	(A) IMMEDIATE CA	USE Cerebral Hemos	mage	1 da
(This daes not mean the made of dying, e heart failure, asthenia, etc. It means the disea	·9·, DUE TO, OR A	A CONSEQUENCE OF:		
injury or camplication which coused death.)		- 0 - 0 1	2 0	
ANTECEDENT CAUSES	aletter	Selenti Carkov as	who Kensi k	bruai 54
DISEASES OR CONDITIONS, if ony, giv	(B)	S A CONSEQUENCE OF:		
rise to the above cause (A) stating	the			
UNDERLYING CONDITION lost.	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WEP	RE FINDINGS CONSIDERED CAUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION FO		No	IN CERTIFYING	CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner	21 B. PLACE OF INJURY le.g. home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., NJURY OCCUR?	(If in Boltim	nore City, give exact location)
	21E. INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
♥ OF (NJURY (APPROX.)	While At Not Wh			
			1964 to 11	121 41
22. I certify that (1) (this hospital) attended	11/2.	66	(3)	19
that (1) (we) last sow the deceased alive a	on 11/2	19 <u>6 9</u> and the	ot in (my) (our) o	opinion deoth occurred on the
ond hour and fram the couses stoted obove	e. (1) (We) (did) (did not)	view the body ofter deoth.		
23A. SIGNATURE		1		23B, DATE SIGNED
Joseph & Laufaitis in	4) DI	tending Med. Director	Staff Phys.	11/21/69
23C. PHYSICIÁN'S	DEGREE	23D. ADDRESS	.,.	
NAME (Type)		(mo 11 11 1		D-14 . Wa
Joseph G. Lauikaitis	DEGREE. NAME of CEMETERY of C			Balto. Md. (Stot
REMOVAL (Specify)				,,,
Burial 11/24/69	Loudon Park C	em. B	altimore M	id.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	Loudon Park C	25C. FUNERAL DIRECTOR		21229 ADDRESS
NUV 24 1909	and despend and	Witzke Fune	ral Home	4101 Edmondson Ave
VS 150-REV. 1/1/6B				



R

(,	7	1	1	1	
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death 🜙	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the U	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

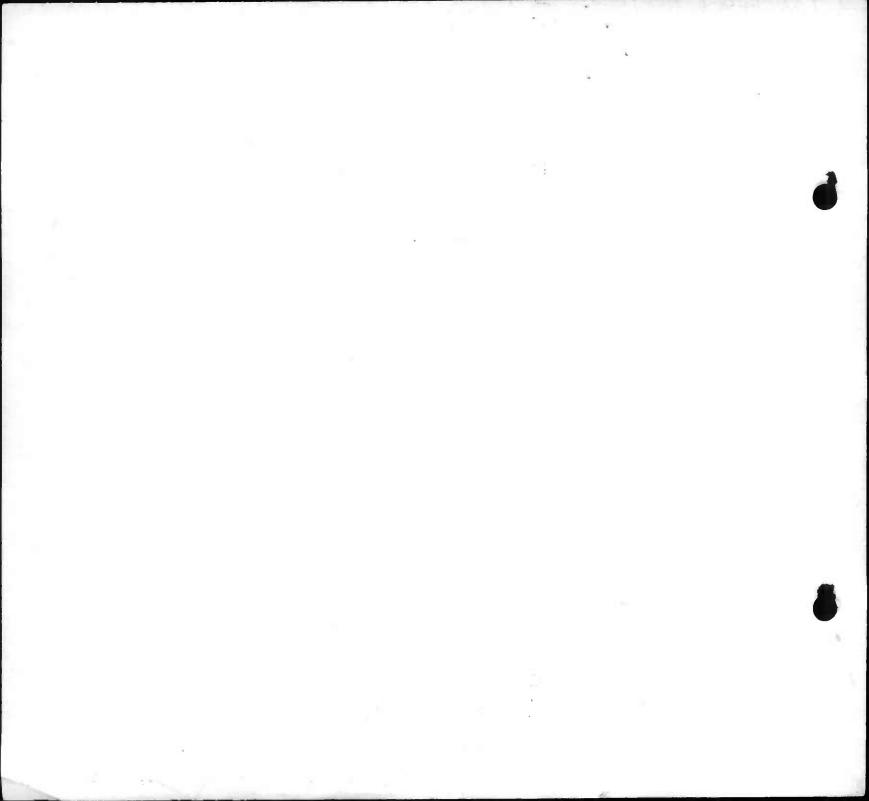
		69 11561		BALTIMORE CITY	HEALTH DEPARTMENT		69 11561
	CFRT			CERTIFICA	TE OF DEATH	REG. NO	00 11,001
11-	IRTH NO.	EASED				ID HOUR OF DEATH	
1	ype or Print) B	owers, Kennet	h Arthu	r	Novem	mber 21, 196	69 9:50Pm
		MORE, MARYLAND, W				re deceased lived. If in	nstitution: residence before odmission)
- 11 1	OLL NAME OF	ADDRESS OR LOCA	ATION)	UTION, GIVE STREET	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
Ν,	43 A6.	terans Admini	stratio	n Hospital	Baltimore		YES NO
	73 39	00 Lgch Raver	Blvd.,		E. STREET AND NUMBER		
	Ba	ltimore, Mary	rland 21	218	1307 W. Fayet	tte St.	
5		6. RACE	7- MARRIED	NEVER MARRIED		9. AGE (In years lost birthday)	II Under 1 Yr. 1f Under 24 Hrs. Months: Doys Hours Min.
	Male	White	WIDOWED	DIVORCED	12/2/97	71	
		IPATION (Give kind of work vorking life, even it retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. 8IRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
	Bartende		Tave	rn Owner	Maryland		United States
1	FATHER'S NAM	-	-240	TII OWIIOI	14. MOTHER'S MAIDEN NAM	ME	
	George I				Anne Breitwi		1944
100	es, no or unknown)	Ever in U. S. Armed For (II yes, give wor or dote	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANTVeteran	s Hospital	Records
	Yes	3/26/17 to 1	0/8/19	215-10-84-291	Baltimo	re, Marylan	nd 21218
	18.	1.Y		CAUSE OF DEATH	1		APPROXIMATE INTERVAL
		E OR CONDITION DI	RECTLY		CNTA		
		LEADING TO DEATH	Auto Con	(A) IMMEDIATE CAU			
1	heart failure,	at meon the made of asthenia, etc. It means	the discose,	DUE TO, OR AS	A CONSEQUENCE OF:		
Ш		plication which caused					
		ANTECEDENT CAUSES		(8) Hypert			
		R CONDITIONS, if			A CONSEQUENCE OF:		
		CONDITION lost.	siving inc	(c) Diabet	es Mellitus		
		- II					
		ICANT CONDITIONS CO					
	DISEASE OR CO	ONDITION GIVEN IN PAR	T 1 (A).	WUICH OBERATION	T20 A ALLYOREY2 /Voc. of No.	N 200 IE Vee Wepe	ENDINGS CONSIDERED
	19A. DATE OF	WAS PER		WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
	21 A. ACCIDEN	IT WAS UNDERLYING	7 218	PLACE OF INTURY (e.g., i	n or obout 21C. WHERE DID	(If in Boltimo	re City, give exoct lacation)
- 11	OR CONTRIBU	TING CAUSE OF	hom etc.	ne, lorm, foctory, street, of	fice bldg., INJURY OCCUR?	(ii iii boiiiii	, e dily, give axon lacalidit,
- 11)				235 116111 515 1111		
	21 D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED ile At Not Whil	21F. HOW DID INJ	URY OCCUR?	
	(APPROX.)		Wo	rk L At Work			
		that (X (this haspita		he deceased fram No	ovember 15,	1969 to Nove	ember 22, 19 69
	that (1) (we)	last saw the decease	ed alive an	November 22,	19_69and th	at in (m¾) (aur) ap	inian death accurred an the date
	and haur and	I fram the causes sta	ted abave. (I	DC(We) (did) (dig/hof)/v	iew the bady after death.		
	23A. SIGNATU		1 .				238. DATE SIGNED
	//	1.7.76	1-	DL	nding Med. Director	Staff Phys.	11/22/69
	23 C. PHYSICIA	N'S		DEGREE	23 D. ADDRESS	,	
	NAME (T)	^(pe) Javaid Sha	fi MD		Veterans Admini	stration Ho	sp., Md.
1 1	4A. BURIAL CREA	MATION, 248, DATE	24C, N	DEGREE AME of CEMETERY OF CRE			ity, town, or county) (State)
	REMOVAL (S	ipecily)					
2	Burial SA. DATE REC'D	BY HEALTH DEPT	69 Lo	udon Park Cem	atery Bal	timore, Md.	ADDRESS
	1	:0V 24 1969	The same of	Jabel M.D.	Witzke, 4100	Edmondson	Aye. 2 1229
F	\$ 150-PEV 1/1/6	1816-					



6,60

F-	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death), and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	3 FF III
PORTANT	istant if he direct cind; (4) I death we ce on the nal dispo	1.5 (Y.
IMPOR	Also, if the of any leading aftendang	
FUNERAL DIRECTOR: IMPORTANT	by the chief medical examiner opital by a medical examiner. reg. (2) Body burns; (3) A fractury where the physician who pron No physician was in regular a before the remains are embalt	MEDICAL CERTIFICATION
8	cate must be approved vas released to the hos. An accident of any nature at a hospital (except prior to death); and (6)	MEI
	A Political	24/
	This ce the bo shows: was D. deceas	25/

	CC	14-00	BALTIMORE CITY	HEALTH DEPARTMENT	./	
BIRTH NO		11562	CERTIFICA	TE OF DEATH	REG. NO	69 11562
Type or Pr	of DECEASED	in Di	DARO		ND HOUR OF DEATH	. 244
3. PLACE	IN BALTIMORE, MA	RYLAND, WHERE P	RONO UN CED DEAD	4. USUAL RESIDENCE (Who	re deceased lived. Il in	M. Company of the second of th
FULL NAME HOSPITAL INSTITUTION	ME OF (IF NOT OR ADDRES		INSTITUTION, GIVE STREET	c. CITY OR TOWN	Baltimor	DE CITY LIMITS? YES NO NO
Unic	VERSITY (of md.	Hospital	Box 37	Timber G	ROUE RU.
mai	E Wh	ite WIDO		8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Il Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
	OCCUPATION (Give most of working life, eve		D OF BUSINESS OR INDUSTRY		ign country)	12. CITIZEN OF WHAT COUNTRY?
FUREY	MAN FRuit	, ,	to Fruit Exc.	PEFALU-Sicile	1	USA
	SANTO	Pirk	RO	14. MOTHER'S MAIDEN NA	1	PACA MESE
Yes, no gru	coosed Ever in U. S. nknown) (If yos, give	Armed Forces? wor or dotes of ser	711.011811	17. INFORMANT		ove, Owings Mills
18.	1011		CAUSE OF DEATH	30W -	PRHIVA	TIR DRO.
	DISEASE OR COND	TION DIRECTLY			Shme	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
heori to	faes nal mean the ailure, asthenia, etc. ar complication whic	mode of dying,	e.g., DUE TO, OR AS A	CONSEQUENCE OF:	of the le	~g
	ANTECEDENT					
DISEAS	SES OR CONDITIO		(B)	A CONSEQUENCE OF:		
nise I	a lhe obove co RLYING CONDITION	use (A) sloling	the (C)	CONSEQUENCE OF:		
O THER S	II IGNIFICANT CONDIT DEATH BUT NOT REL	ATED TO THE TERM	ING NAL			
OTHERS TO THE DISEASE 19A. DA	OR CONDITION GIV	198. CONDITION I WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CON	CIDENT WAS UNDI STRIBUTING CAUS (notify medical exami	ERLYING DE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, affi	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimore	City, give exect location)
21 D. TIM	AE (Month) (Do	y) (Yeor) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPRO)			While At Work Not While			
22. 1 ce	ertify that (this	hospital) attend		June 1	969 to 1	1/20 1069
	(we) last sow the			19 6 9 and the	it in(my) (aur) apini	an death occurred an the date
and has	ur and from the co	uses stated abov	e. (1) (We) (did) (did not) vie	w the body after death.		and all the date
23A. SIG	Neil	M. Ke	at M.D. Attend		Stoff Phys.	23 B. DATE SIGNED 11 - 2 2 - 6 9
23C.PHY	SICIANS ME (Type)	m V	DEGREE	D. ADDRESS	Phys. 🗀	7
24A. BURIAL REMOY	CREMATION. 248.	DATE 24	C. NAME OF CEMETERY OF CREM	UNIVERSI PATORY 240. LO	CATION (City	town, or county) (Stote)
Buris		/25/69 1	New Cathedral Cem	etery Balt	imore, Md.	,
25A. DATE	REC'D BY HEALTH D	EPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	,	ADDRESS
VS 150-REV.	14 A 1 14	169 166cs	E. Jarber, M.D.	Witzke, 4101	Edmondson Av	e., 21117

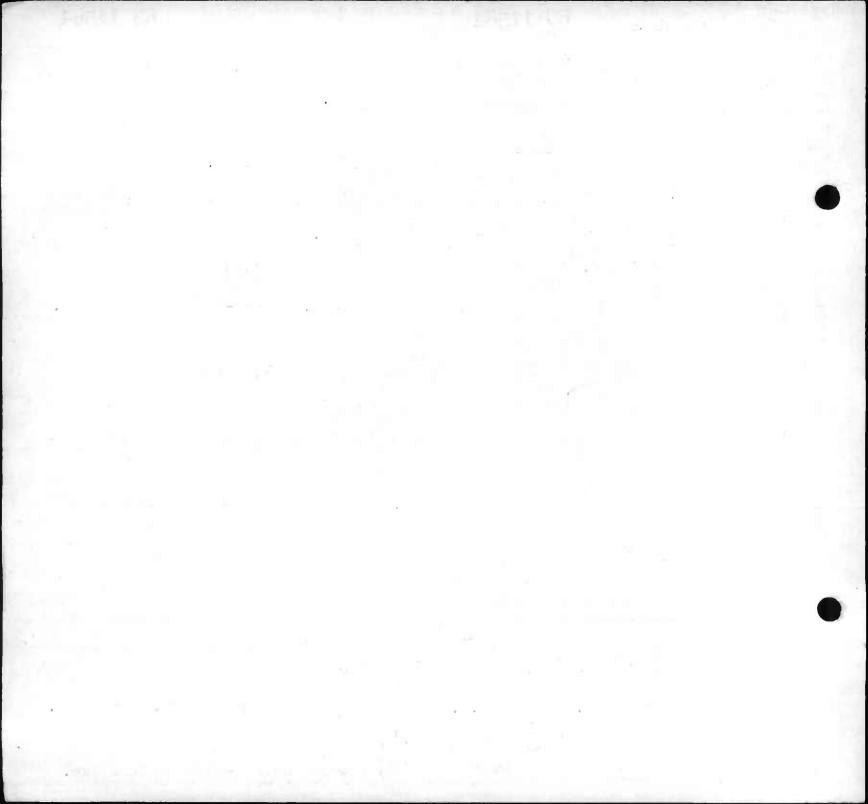


FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be app the body was released to the shows: (1) An accident of an was D.O.A. at a hospital (e deceased prior to death); of written approval must be of

BII	5-345 69	11,	563 CERTIFICA	Y HEALT	TH DEPARTMENT	REG. NO	69	3 11	1563
	PROOF PRINTS STALLIN				2. DATE A	MBER 22,			μ·35ΔM
3.	PLACE IN BALTIMORE, MARYLAND, V			4. USI	AL RESIDENCE (Wh	ere deceased lived. If i			before odmission)
III He	JLL NAME OF (IF NOT IN HOSPI OSPITAL OR ADDRESS OR LOC STITUTION	TAL OR IN: ATION)	STITUTION, GIVE STREET	M C. CIT	ARYLAND OR TOWN	Anne Arunde	el GIDE CITY I	LIMITS?	52-00
1	FO ST AGNES HOS	PITAL	,		RASADENA EET AND NUMBER RT 11 BOX	476	YES	J	NOT I
1	SEX 6. RACE MALE WHITE	WIDOW		05	15 89	9. AGE (In years lost birthdoy)	If Und Months	er 1 Yr.	If Under 24 Hrs. Hours Min.
E	N. USUAL OCCUPATION (Give kind of wor the during most of working life, even it relired) FIRED CARPENTER	US			MARYLAND	reign country)			WHAT COUNTRY
13.	FATHER'S NAME			14. MC	THER'S MAIDEN NA	AME			
	THOMAS STALLINGS			М	ARY DUVAL	L			
15. (Ye	Was Deceased Ever in U. S. Armed Fos, no or unknown) (II yes, give war or date	rces? es of servic	1 6. SOCIAL SECURITY NO.	17. INF	DRMANT			ADDRE	SS
L	NO	M	217408571	ST	AGNES HO	SP RECORDS	BAL	OT.	1D 21229
VIION	heort tailure, osthenia, etc. 11 means injury ar complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION tast. II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR	any, givi slaling !	(B)					***************************************	
CERTIFICATION	19A-DATE OF OPERATION 19B. CON WAS PER	DITION FO	R WHICH OPERATION	20 A.	AUTOPSY? (Yes or N	o) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS USES OF	CONSIDERATH?	DERED
CAL	21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		21B. PLACE OF INJURY (e.g., iome, form, factory, street, a etc.)	n or obou	21C. WHERE DID	(If In Boilimon	e Cily, glv	e exoct lo	ocotion)
MEDI	21D.TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)	,	While At Not While Work At Work		21F. HOW DID IN	JURY OCCUR?			
	22. I certify that (1) (this hospite) that (1) (we) last saw the decease	d alive a	NOVEMBER 22	1	69 ond 11	1969 to NOVE			1969 red on the date
	and haur and from the causes star	ed obove	· (X) (We) (did) (did/not) v	iew the	body ofter deoth.				
	23A, SIGNATURE		DL.	inding [Med.	Staff Phys.		22/6	
	23C.PHYSICIAN'S NAME (Type) DR. SALVADOR	QUIR	07	23D. ADI	RESS	SPITAL, WIL	KENS	EC AT	ON AVE
24 A	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	7	NAME of CEMETERY OF CR				ty, town, o		
	Burial 25 Nov.	69 38. WAM	Magothy Cemete	25C.	Ja	cobsville, A	A Co.	ADD	Md .
N	0V 24 1969 (Case E.)	Acres	7 7 N	Ki	rkley Fune	ral Home, Gl	en Bu	mie,	Md .

and the second of the second and the second of the second

6	2 / 1/2 00 11504	HEALTH DEPARTMENT 69 11564							
1	CERTIFICAT	TE OF DEATH REG. NO.							
1, N	AME OF DECEASED	2. DATE AND HOUR OF DEATH							
(Typ	e or Print) Axelma Silvo Spicer	11/20/69 8 30 A.M.							
	THE IN PRIMITION WHERE INCHESTED SEASON	A. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY Md							
HC	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
IN:	TITUTION	Baltimore YES X NO							
1	House In The Pines	E. STREET AND NUMBER							
7 1)	3515 Keswick Rd.							
5. S	EX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs, Months! Doys Hours Min,							
F	emale White WIDOWED DIVORCED	6/16/94 lost birthdoy) Months Doys Hours Min.							
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	during most of working life, even if retired)	Md. USA							
_		14. MOTHER'S MAIDEN NAME							
	William J. Shanklin	Alice Burgan							
5		17. INFORMANT ADDRESS							
Ye:	(in or unknown) (If yes, give wor or dotes of service)								
]	No	Jack L.Spicer -3630 Parkdale Ave.							
	18. 2 50.9 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0 10000 10.							
	(A) IMMEDIATE CAUS	EDERETTO Embola 1dag CONSEQUENCE OF: LICE V +							
	hearl failure, asthenia, etc. Il means the disease,	Therefore of							
		chele, millitie 10 yrs							
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A rise to the abave cause (A) stating the	A CONSEQUENCE OF:							
	UNDERLYING CONDITION last. (C)	Jenson's Desergo & ma							
_	II -								
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED							
CERTIFIC	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?							
CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID (If in Boltimore City, give exact location)							
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) home, form, factory, street, offi	ice bldg., INJURY OCCUR?							
O O	21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?							
MEC	OF INJURY								
-	Work At Work								
	22. I certify that (1) (this haspital) attended the deceased from	100 5 1969 to Mer 20 1960							
	that (1) (we) last saw the deceased alive an	19 69 and that in (my) (aur) apinian death accurred an the date							
and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death.									
	23A. SIGNATURE	23B, DATE SIGNED							
	Control Kalan MIS Atten	ding Med. Staff							
	Restuil & Colar Margaret Athen Phys. 23C. PHYSICIAN'S	ding Med. Staff							
	23C. PHYSICIAN'S NAME (Type) AHen Phys. 2.	ding Med. Staff Director Phys. 20/69							
24.4	23C. PHYSICIAN'S NAME (Type) LESTER N. KOLMAN, M.D. GEGREE BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREF	Adding D Med. Director Phys. D Pr/20/69 3D. ADDRESS 6821 Reisterstown Rd. B alto Md.							
24#	AHER Phys. 23C. PHYSICIAN'S NAME (Type) LESTER N. KOLMAN, M.D. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREATERY OF C	Adding Med. Director Phys. D 120/69 3D. ADDRESS 6821 Reisterstown Rd. B alto Md. MATORY 24D. LOCATION (City, town, or county) (Stote)							
	Athen Physician's 23C. Physician's NAME (Type) LESTER N. KOLMAN, M.D. BURIAL CREMATION, 24B. DATE Phys. 24C. NAME of CEMETERY of CREME Burial 11/24/69 Druid Ridge Cemeters	Adding Med. Director Phys. D							
	AHER Phys. 23C. PHYSICIAN'S NAME (Type) LESTER N. KOLMAN, M.D. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREATERY OF C	Adding Med. Director Phys. D 2069 3D. ADDRESS 6821 Reisterstown Rd. B alto Md. MATORY 24D. LOCATION (City, town, or county) (Stote) emetery Pikesville Md. 25C. FUNERAL DIRECTOR ADDRESS							
	Athen Physician's 23C. Physician's NAME (Type) LESTER N. KOLMAN, M.D. BURIAL CREMATION, 24B. DATE Phys. 24C. NAME of CEMETERY of CREME Burial 11/24/69 Druid Ridge Cemeters	Adding Med. Staff Phys. 1/20/69 3D. ADDRESS 6821 Reisterstown Rd. B alto Md. MATORY 24D. LOCATION (City, town, or county) (Stote) emetery Pikesville Md.							



	EALTH DEPARTMENT
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 69 11565
1. NAME OF DECEASED (Type or Print) Maurice Flynn	2. DATE Knawn K Month Day Year Hour OF DEATH Estimoted
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) 711 S. Broadway	5. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland 11 23 69 3:35 p M S. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED Married Widowed Divorced Divorced	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male white WIDOWED DIVORCED DIVORCED MORE OF BIRTH MAR 19 1894 Set birthday) MAR 19 1894 Set birthday Manths Days Hours Min.	Baltimore YES YES NO NO TEL STREET AND NUMBER 711 S. Broadway
WINOOSKI, VT. 12. CITIZEN OF WHAT COUNTRY?	MORRIS FLYNN
14A.USUAL OCCUPATION (Give kind of work) And the during most of working life, even if relired) BETIGED OILER SEAMAN	BRIDGET COLLINS
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknawn) (If yes, give war ar dates af service) WORLD WAR 217-14-2034 A	18. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart follure, asthenia, eic. it means the disease, injury ar camplication which coused death.) (A) IMMEDIATE OF DUE TO, OR A	
UNDERLYING CONDITION LAST	AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	nsition-cell carcinoma of bladder

CERTIFICATION DISEASE OR CONDITION 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) EXTERNAL CAUSE WAS 22B.PLACE OF INJURY(e.g., in or about 22C. WHERE DID (If in Baltimare City, give exoct location) home, form, factory, sireet, office bidg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.

OF INJ		(Day)	(rear) (Ha	WHILE AT WORK	NOT WHILE	122F. HOW DID	INJURY OCC	UR?	
3.					AT IT OUT				
	I certify that	l held an	Inquiry	Inspection X	Autapsy	and that or	this basis,	death in my opinian	
	resulted from	Natural	causes	Accident	Suicide 🗌	Homicide	Undetermi	ned manner	
Δ	CTUAL //	100 1	1/6	MI		CHIEF MEDICA	LEXAMINER		DATE SIGNED
SI	GNATURE LL	yr	YM	1	M.D.	ASSISTANT MEDICA	LEXAMINER		DATE SIGNED
p=1	/ A SAID IFFICE		1/	/					

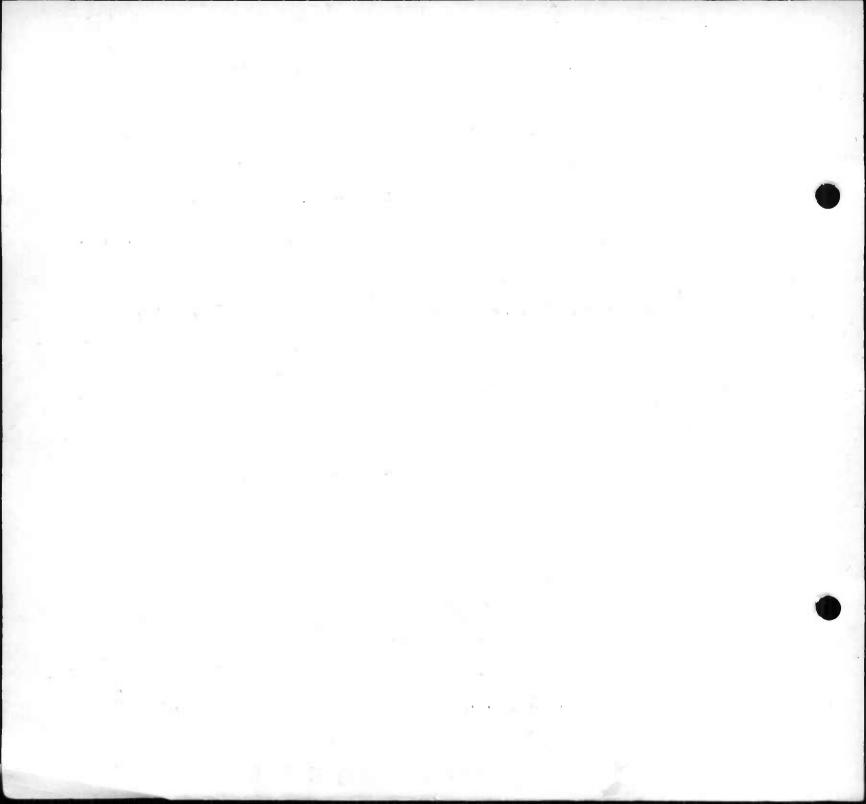
ASSOCIATE MEDICAL EXAMINER Deputy Chief Medical Examiner Werner U. Spitz, M.D. NAME (Type) 11/24/69 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, tawn, or county) (State) REMOVAL (Specify)

BUR IA'L NATIONAL CEM. FREDERICK RD BALTO MA 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR THE DIPPEGBROS INC 18WE LOMBARD ST

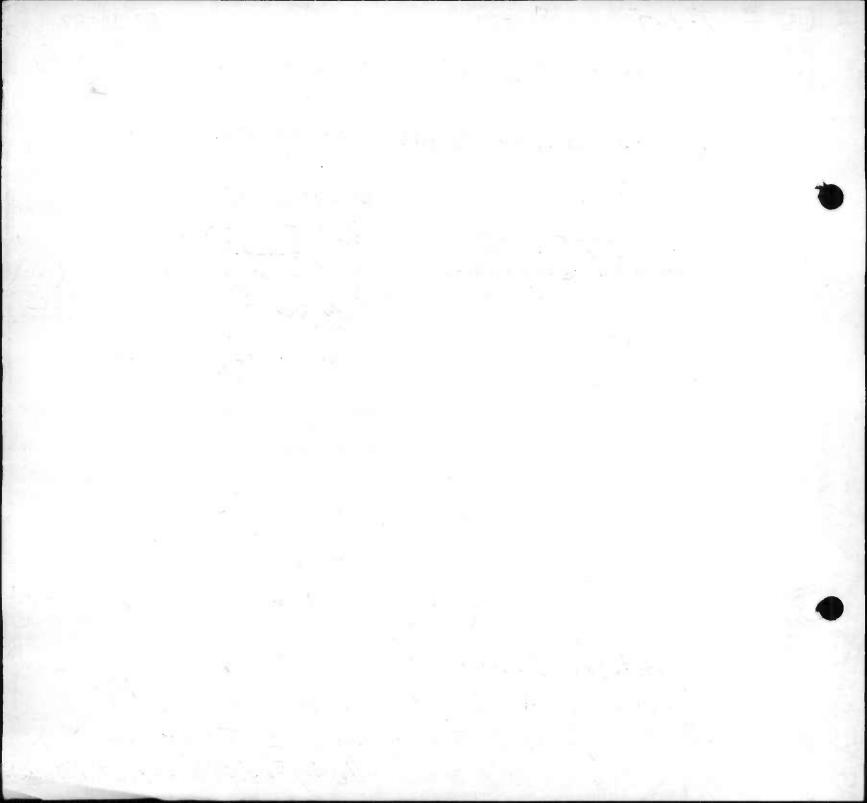
VS 151-REV. 7/1/68

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY	Y HEALTH DEPARTMENT
V-536 69 11566 CERTIFICA	
1. NAME OF DECEASED (Type or Pool) T/A NTOPORIATE TIPE	2, DATE AND HOUR OF DEATH
(Type or Pont) VANDERVALL, Herbert Garfield	11-17-69 6:30 P M. [14. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	A. STATE B. COUNTY MARYLAND BALTIMORE CITY / 9
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
VETERANS ADMINISTRATION HOSPITAL	B ALTIMORE YES X NO
3900 LOCH RAVEN BOULEVARD BALTIMORE, MARYLAND 21218	E. STREET AND NUMBER 1836 EAGLE STREET
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.
MALE NEGROID WIDOWED DIVORCED X	11-28-21 last birthday Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if retired)	
MACHINE OFERATOR	RICHMOND, VIRGINIA U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM VANDERVALL 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	FLORENCE JOHNSON 17. INFORMANT ADDRESS
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT VA HOSPITAL RECORDS
YES 10-25-43 TO 11-10-45 212-14-2829	
18, CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A) IMMEDIATE CAI	USE Carcinoma of lung with months
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	USE Carcinoma of lung with months A CONSEQUENCE OF: multiple metastisis
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	S A CONSEQUENCE OF:
rise to the obove cause (A) stating the UNDERLYING CONDITION last. (C)	
▼ DISEASE OR CONDITION GIVEN IN PART (A).	ioslcerotic heart disease
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
O 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., hame, form, factory, street, a pt.)	in ar about 21 C. WHERE DID (If in Baltimore City, give exact location) iffice bldg., INJURY OCCUR?
Q 21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) While At Not Whi At Work	le 🔲
22. I certify that (10) (this haspital) attended the deceased fram	30 OCTOBER 19 69 10 17 NOVEMBER 19 69
and haur and from the couses stated above. 20 (We) (did) (CARAGE)	
23A. SIGN ATURE	23B. DATE SIGNED
	ending Med. Staff
23 C. PHYSICIAN'S NAME (Type) YOUNG E. CHUN, M.D.	3900 Loch Raven Blvd. Baltimore. Md 21218
OEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	
Burial 11/21/69 Backmare	Vational Battemere Mr.
25A. DATE REC'D BY HEALTH DEPT 2 CONTINUES OF HEALT	25C. FUNERAL DIRECTOR ADDRESS



460	T 475 CO 44 -ON BALTIMORE CITY HEALTH DEPARTMENT
BIR	69 11567 CERTIFICATE OF DEATH REG. NO. 69 11567
(Ту	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE 2. DATE AND HOUR OF DEATH 11-17-69 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
/ HO	LL NAME OF SPITAL OR ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
1 1	Wheran Hospital of MD Baltimore YES NO DE. STREET AND NUMBER 3605 Windsor will
S.	SEX 6. RACE 7. MADDIED NEVED MADDIED 8. DATE OF SIRTH 9. AGE (In years II Under 1 Yr. If Under 24 Hrs.
104	MINITED DIVORCED 5-14-12 lost birthdoy) Months Doys Hours Min. WIDOWED DIVORCED 5-14-12 DIVORCED 5-14-12 DIVORCED 12. CITIZEN OF WHAT COUNTRY?
dor	DisPatcher Edge wood Chestertown, Md.
13.	FATHER'S NAME 14. MOHER'S MAIDEN NAME Jelghman
1\$. (Ye	Was Deceased Ever in U. S. Armed Forces s, no or unknown) (III yes, give wor or dates s service) 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO.
	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made af dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death,) DUE TO, OR AS A CONSEQUENCE OF: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (A) IMMEDIATE CAUSE CAUTO CEVED YO -VAX NAS DUE TO, OR AS A CONSEQUENCE OF: OUE TO, OR AS A CONSEQUENCE OF:
ATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION IN PART 1 (A).
ERTIFIC	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR? etc.) (If in 8oltimore City, give exact location)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) While At Not While Work At Work
	22. I certify that (I) (this haspital) attended the deceased fram 11 - 17 - 69 19 to 11 - 17 19 69
r	that (1) (we) last saw the deceased alive an 1969 and that in (my) (aur) apinian death accurred an the date
	and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE
	Cantilal J-Shah Attending Med. Stoff Med. Med.
	KANTILAL J. JHAHMA Lusurum Hospital
24/	Burial, 11/22/69 Butter Jawn Outler Town, or county) (Signal)
25/	NOV 24 1969 225 225 MARIE OF REISTRAR 2507 FUNERAL DIRECTOR LULLEGO 1727 Menas



69 11568 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO. 1. NAME OF DECEASED DATE (Type or Print) OF Estimoted [FRANCIS ALLEN DEATH 3. DATE Hour 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Month Day Yeor PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 1:30 November 19,1969 ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, # Institution: residence before admission) In water pier #1 Md. Drydock Co. Fairfielda STATE B. COUNTY Maryland Yard 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS? 6. SEX B. MARRIED NEVER MARRIED Male Negro WIDOWED DIVORCED Baltimore NO YES ___ E. STREET AND NUMBER 9. DATE OF BIRTH 10.AGE (In years lost birthday) If Under 1 Yr. If Under 24 Hrs. Ave. Manths Doys , Hours , Min. 3D1 Mondawin Road 11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Carplina 14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even Hretired) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) ADDRESS 17. SOCIAL SECURITY NO 18. INFORMANT APPROXIMATE INTERVAL CAUSE OF DEATH SETWEEN ONSET AND DEATH Drowning DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart foilure, osthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) yes ₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If In BoltImore City, give exact location) home, form, factory, street, affice bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-Work Maryland Drydock Company-Fairfield Yard UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Year) OF INJURY WHILE AT NOT WHILE (APPROX.) Nov. 19, 1969 Drowning WORK AT WORK

Autapsy X

Hamicide ___

CHIEF MEDICAL EXAMINER

24D. LOCATION

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

Suicide

M.D.

24C. NAME of CEMETERY or CREMATORY

ond that an this basis, death in my opinion

Undetermined manner

DATE SIGNED

(State)

11/19/69

(City, lown, or county)

ADDRESS

Inspection

Accident X

258. MAMB OF REGISTRAR

I certify that I held an Inquiry

EXAMINER'S Ronald N. Kornblum, M.D.

resulted from: Mutural couses

ACTUAL

REMOVAL (Specify)

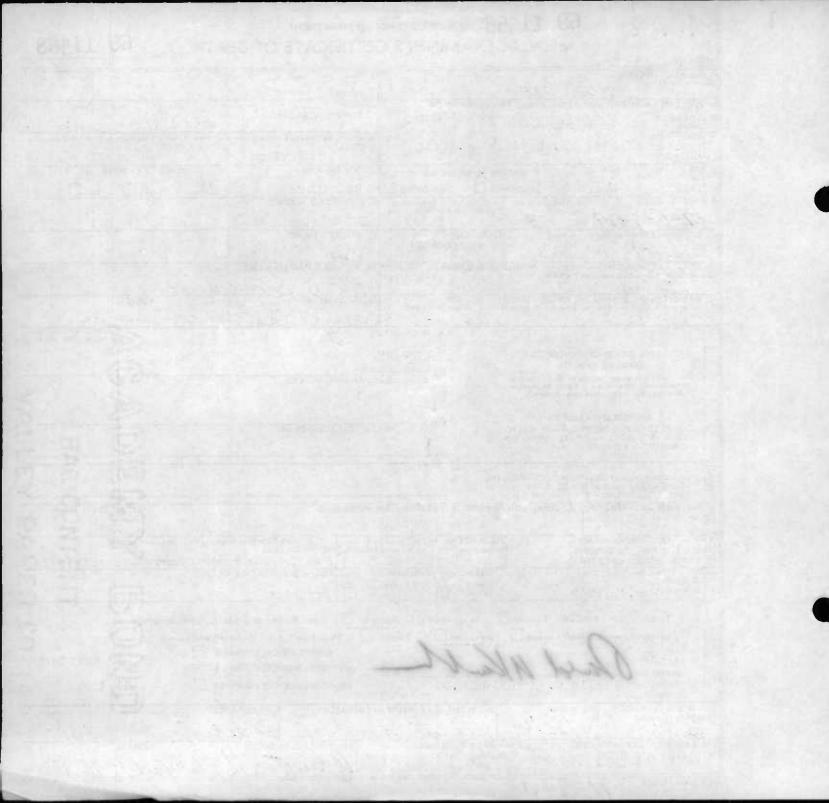
VS 151-REV. 1/1/68

SIGNATURE.

NAME (Type)

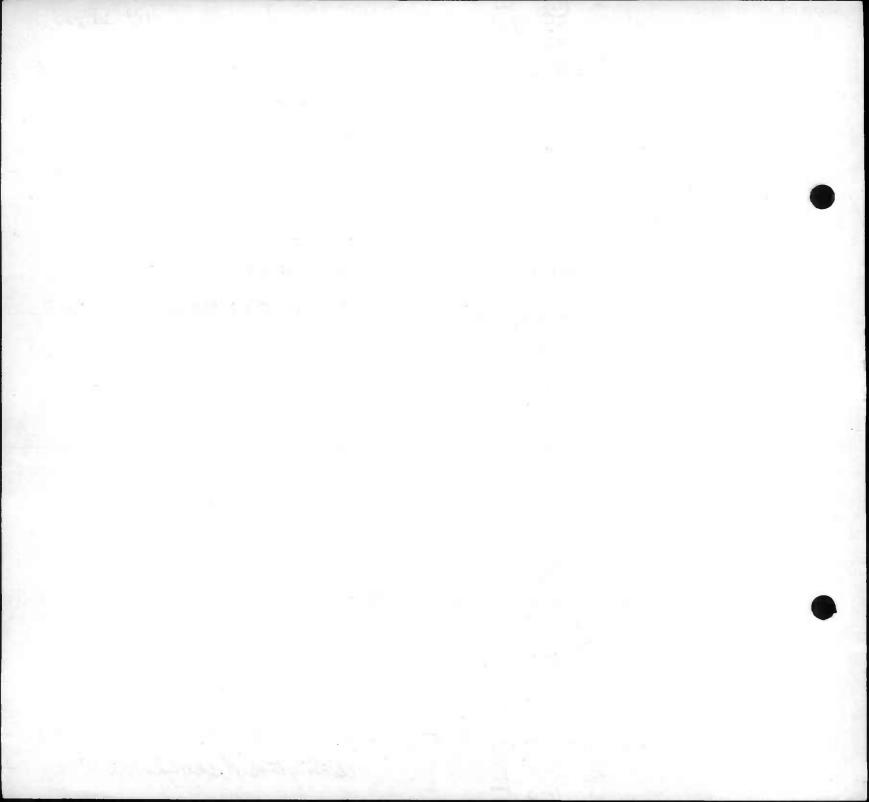
24A. BURIAL CREMATION, 24B. DATE

25A. DATE REC'D BY HEALTH DEBL



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1) ,	00	11 00	BALTIMORE CITY	HEALTH DEPARTMENT	6	9 11569
PID	-650	69	11569	CERTIFICA	TE OF DEATH	REG. NO.	0 11,00
1. N	AME OF DECE	SED V			2, DATE AN	D HOUR OF DEATH	
(Тур	Par ha	m. Rodn	Ey V	ETNON	llow	. 22,196	91 A M.
3. 1	PLACE IN BALT	MORE, MARYLAND, WI	HERE PRONOUNC	ED DEAD	A. STATE B. COUN	re deceosed lived. If instituti TY	on: residence before admission)
FU	LL NAME OF	(IF NOT IN HOSPITA	L OR INSTITUTIO	N, GIVE STREET	Marylas	ud	2031
INS	SPITAL OR	ADDRESS OR LOCA			C. CITY OR TOWN	D. INSIDE C	
	Dinai	Hospital	Luedere		E. STREET AND NUMBER	Y/d. YES	NO L
11	Greens	buind a me	JEW COL.			ssuth St.	
5. S	EX 6	. RACE	7. MADDIED	NEVER MARRIED 🔀	B. DATE OF BIRTH	9. AGE (In years If	Under 1 Yr., If Under 24 Hrs.
	M	Negroe	WIDOWED	DIVORCED	4-16-56	lost birthdoy 3	nths Doys Hours Min,
		ATION (Give kind of work orking life, even if retired)	10B. KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country) 12.	CITIZEN OF WHAT COUNTRY?
don	STUDEN				New Mark	,	USA.
13.	FATHER'S NAM	E			14. MOTHER'S MAIDEN NAM	WE	
	Llou	d Farl	ham		Esthe	- Mitc	h.e11
1S,	Was Deceosed	ver in U. S. Armed Forc If yes, give wor or dotes	es? 16	SOCIAL	17. INFORMANT	////	ADDRESS
(res	No	ii yes, give wor or dotes	o or service/	SECURITY NO.	LIDVA P	arh.am	Same
	1B. 7 2 /	6		CAUSE OF DEATH		. 10 - 111	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DIR	ECTLY		1 8	. 1	o I
		EADING TO DEATH	duina o a	(A) IMMEDIATE CAU	SE Cordice to	ilure	Rhours
	heart failure, o	I mean the mode of sthenio, etc. It means	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
		lication which caused	deolh,)	44 0 0	1 - h	7	4. 10.
		NTECEDENT CAUSES		(B) VI CO	A CONSEQUENCE OF:	OMOR	(monim)
		above cause (A)		20210, 01110			
	UNDERLYING	CONDITION lost,	_	(c)			
z	OTHER SIGNIE	II CANT CONDITIONS CON	STRIBITING				
ATION	TO THE DEATH	BUT NOT RELATED TO THE NOTION GIVEN IN PART	IE TERMINAL		******************		
	19A. DATE OF		DITION FOR WHI	CH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FINDE	INGS CONSIDERED
CERTIFIC	0						
	OR CONTRIBUT	T WAS UNDERLYING [home,	ACE OF INJURY (e.g., i form, foctory, street, of	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore City	y, give exoct locotion)
ICAL		nedicol exominer)	etc.)				
MEDI	OF INJURY	(Month) (Doy) (Year)		JURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
<	(APPROX.)		While Work	At Work			
	22. I certify t	hat (1) (this haspital)) attended the		11 2 22	1969 10 1/22	1967,
	that (I) (we)	ast saw the decease	d alive an	11/22/69	1969 and th	at in(my) (aur) opinian	death accurred an the date
	and have and	fram the causes state	ed abave. (I) (∦e) (did) (did nat) v	riew the bady after death.		
	23A. SIGNATUR	E 10 works	W MD				DATE SIGNED
		1	1	DEGREE Phy		Staff Phys.	11/22/69
	PHYSICIAN NAME (Ty	SRABST	Ein, Jo	RGE	23D. ADDRESS	AI HOSP	MAL
244	A BURIAL CREA	AATION, 24B. DATE	24C NAM	OEGREE E of CEMETERY OF CR	EMATORY 24D. I	OCATION (City, to	own, or county) (\$foje)
	REMOVAL (S	ecify)	1. /.	of the	10 . Q1 . f	Sactional	my.
254	DATE REC'D	BY HEALTH DEPT.	69 WW	REGISTRAR	259.) FUNERAL DIRECTO	accertain Co	ADDRESS
	MOV 9/	1069 Page 6	E. Nachan	640	12 Ministria	A Khellier	17277. MeureSt.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and hafter the remained product of the deceased prior to death. Such

H-61x	69	11570		HEALTH DEPARTMENT	PEG NO	69 11570
BIRTH NO.			CERTIFICA	TE OF DEATH	KEG. NO	00 11970
1.NAME OF DEC	Wi	H lliam Ha	rper la		1/20/69	11:35 p.
3. PLACE IN BAL	TIMORE MARYLAND,	WHERE PRONOU	CED DEAD	4. USUAL RESIDENCE (When	e deceased lived. It in	stitution; residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC			Maryland c. CITY OR TOWN		1506 DE CITY LIMITS?
	Provident 1514 Divi			Baltimore	J. 11431	YES NO
39	Baltimore			E. STREET AND NUMBER		
5. SEX	6. RACE			2824 W. North	Avenue	
			NEVER MARRIED	8. DATE OF BIRTH	7. AGE (In years lost birthday)	Il Under 1 Yr. Il Under 24 Hrs. Months! Doys Hours Min.
Male	Negro	WIDOWED	DIVORCED	111- 2 109A	76	
done during most of v	yorking life, even if retired)	A TOR KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lorei	gn country)	12. CITIZEN OF WHAT COUNTRY
Net	tred			Virginia		U.S.A.
13. FATHER'S NAM	1E	. /	1	14. MOTHER'S MAIDEN NAM	A E	
Wille	am H.	Harke	e Dr.	Commo	miller	
5. Was Deceased Yes, no or unknown)	Ever in U. S. Armed For	rces?	6. SOCIAL SECURITY NO.	17. INFORMANT	maco .	ADDRESS
			15-03-4079A	Mrs. Louisa H	arner- Wif	e SAME
18. 119 0	A 1		CAUSE OF DEATH		dipor wir	
DISEAS	OR CONDITION DI	RECTLY	THE PERMIT	•		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	LEADING TO DEATH			77	1-	
injury at camp	of mean the mode of asthenia, etc. It means olication which caused	the disease, death.)				with 300-3-69
	NTECEDENT CAUSES		(8) Arter	iosclaratic ca	rdiovascu	lar non 20-6
nsa lo the	R CONDITIONS, if abave cause (A)	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	01	Sease
UNDERLYING	CONDITION last.	Jienny Inc	(c)			
7	11					
IO THE DEATH	CANT CONDITIONS COL 8 BUT NOT RELATED TO THE NOTION GIVEN IN PAR	HE TERMINAL	*****************			
19A. DATE OF	OPERATION 198. CON	DITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINOS CONSIDERED
	DPERATION 179 CON WAS PERF			NO	IN CERTIFYING CAU	SES OF DEATH?
DEATH (notify	WAS UNDERLYING TING CAUSE OF medical examined	218, PL home, etc.)	ACE OF INJURY (e.g., in lorm, factory, street, offi	or about 21C, WHERE DID ce bldg., INJURY OCCUR?	(II in Soltimore	City, give exoct locotion)
OF INJURY	Month) (Doy) (Year)		JURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.)		While Work	At Work			
22. I certify .	hat (I) (this haspital)	11011	denocate None	mhon Z	60	mb
that (1) (we) 1	ost sow the decease	d allue Nu	nvember 20	60		mber 20, 1969
				The state of the s	in (my) (our) opini	on deoth accurred on the date
23A. SIGNATUR	iram the couses state	ed abave. (!) (\	We) (dld) (dld not) vl	ew the bady ofter death.		
1	con		Atten	diam water		23B. DATE SIGNED
23C. PHYSICIAN	1100	yping, m	DEGREE Phys.	Director L Pi	haff X	11-21-69
23C. PHYSICIAN NAME (Typ	el			D. ADDRESS		
1	aymando	R. Con	DUZ MA	.514 Division S	treet Bal	to., Maryland 212
4A. BURIAL CREM		_ /	W. Ann La Carrier			
REMOVAL (Sp	ATION, 248, DATE	24C. NAM	OF CEMETERY OF CREA	MATORY 24D. LOC	CATION (City,	town, or county) (State)
Buria D	ATION, 248. DATE polity) // /2 4/8	24C.NAM	e of CEMETERY OF CREA	MATORY 24D. LOC	CATION (City,	
Burial	11/24/6	24C. NAM 89 777 25B. NAME OF P	E OF CEMETERY OF CREA	AATORY 24D. LOC	CATION (City,	

4 1303 1127 n. Monroe 81. VS 150-REV. 1/1/68

. · · and the second s

SIGNATURE_

EXAMINER'S

NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify)

VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR OV 2.4. 1969 Page E. Ja Bay N. D.

1	D-45	2	69 1		BALTIMORE CITY I			DEAT		69	11571
BI	RTH NO.		MLD	CAL	LAAMII 1LK 5	CLKTIIIC	AILOI	DLAII	REG. NO		11011
1. (Ty	NAME OF DEC	EASED	Do	llie	May Williams	2. DATE OF DEATH	Known 🛣	Month	Doy	Yeor	Hour M.
4.	PLACE IN BAL				ONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
HC	LL NAME OF DSPITAL INSTITUTION	(IF NOT ADDRES	IN HOSPITA	OR INST	ITUTION, GIVE STREET		NCED DEAD	11 e deceased liv	22 ed. If institution:	69	6:08 p. M.
	32	Univer	sity H	ospi	al	A. STATE Ma	ryland		B. COUNTY	14	103
6.	SEX	7. RACE			IED NEVER MARRIED	C. CITY OR	OWN		D. INSIDE CIT	Y LIMITS?	
	female	colore	d	WIDOW	DIVORCED	Ва	ltimore		YE	s 🖳	№ □
9. N	DATE OF BIRTI	942	10. AGE (in lost birthdoy	yeors 27	If Under 1 Yr. If Under 24 Hr Months Doys Hours Mi	n.	ND NUMBER 11 Ettin	g St.			
11.	BETHEL SEL	h. (ocountry)		12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S		Brow	N		
14A don	USUAL OCCU e during most of w	PATION (Give	kind of work 1		OF BUSINESS OF INDUS	RY 15. MOTHER	S MAIDEN NA	ME Per	Kins		
	WAS DECEAS					18. INFORM	ANT B	(0)	7	DRESS.	51.
20	(This does n heart failure injury or con AN DISEASES (RISE TO THE	E OR CONDITION LEADING TO of meen the r osthenio, etc. nplication which NTECEDENT C DR CONDITIO E ABOVE CAU NG CONDITIO	DEATH mode of dyin it means the a coused dead CAUSES DNS, IF ANY, SE (A) STATI	ng, e.g., diseose, h.)	DUE 10, 0	E CAUSE MUIT R AS A CONSEQU R AS A CONSEQ	ENCE OF:	shot wo	ounds		EEN ONSET AND DEATH
CERTIFICATION	TO THE DEA	IFICANT CON ATH BUT NOT I CONDITION (RELATED TO 1	HE TERM	ING NAL						
ERT	20A. DATE OF	OPERATION	20B. CON	DITION	FOR WHICH OPERATION	WAS PERFORME	D			21. AUTO	PSY? (Yes or No)
1	0/									yes	3
MEDICAL	UNDERLYING UTING CA		RIB- H. 2y) (Year)	(Hour	22B. PLACE OF INJURY (e. home, form, foctory, street, of house) 22E. INJURY OCCURRED WHILE AT AT	ice bidg., etc.) IN	C. WHERE DID JURY OCCUR? .7 S. Arl F. HOWDID IN	ington	Ave.	t location)	3
		ify that I he	ld on In	quiry [Inspection .	ide Hon	and that on the control of the contr	this basis, Undetermin		-	DATE SIGNED

Werner U. Spitz, M.D. Deputy Chi

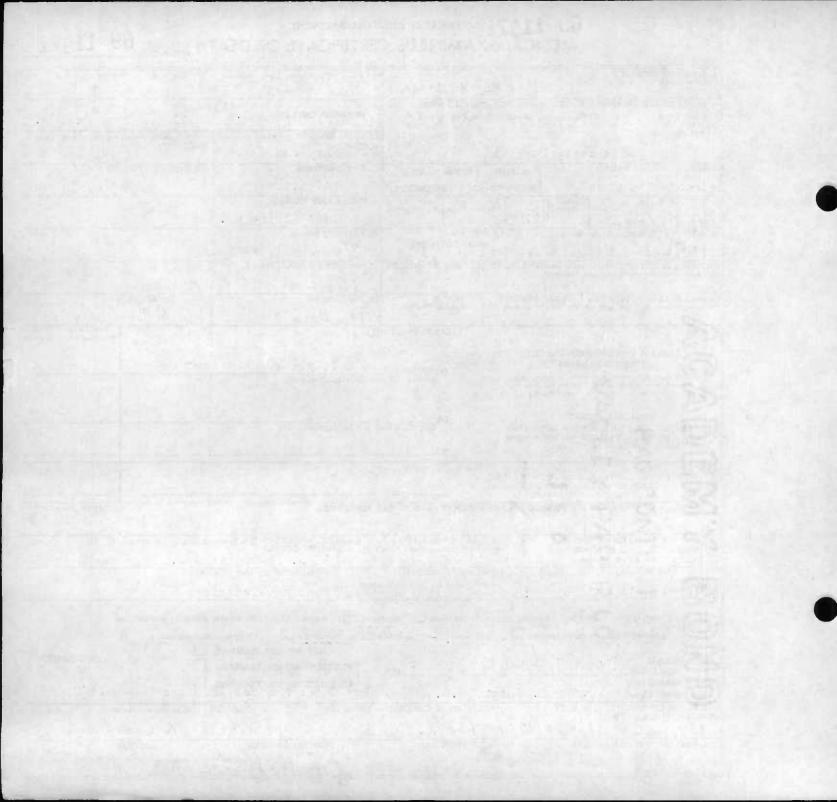
Deputy Chief Medical Examiner

25C FUNERAL DIRECTOR PARKET For

24D. LOCATION

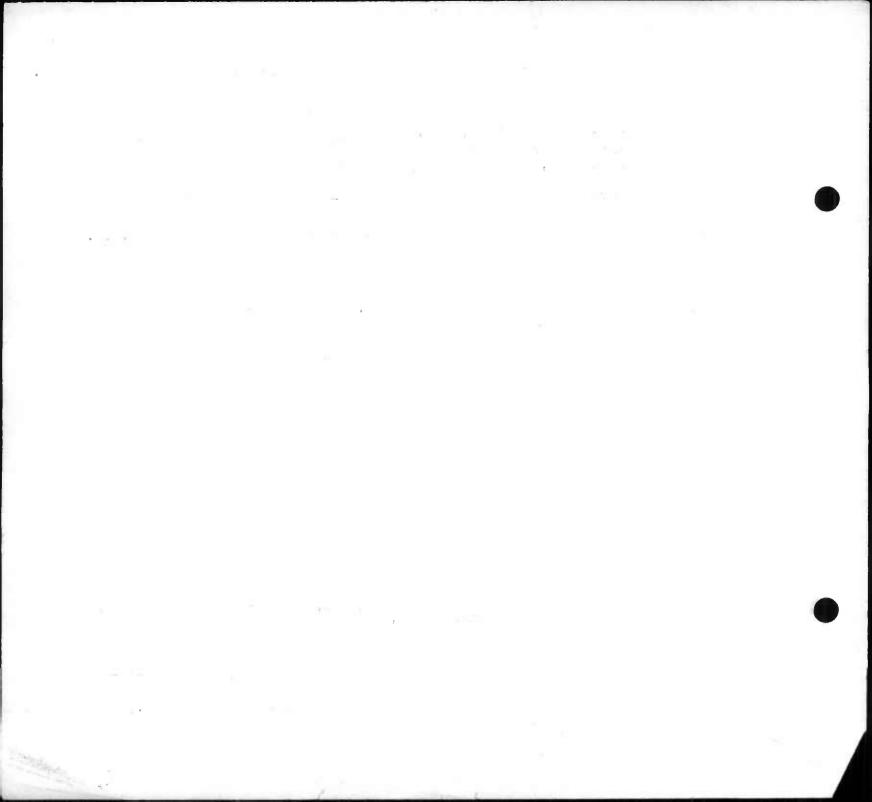
11/23/69

(City, town, or county) . (Stote)



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, Such written approval must be obtained before the remains are embalmed or final disposition is made. AND STATE CATION 190 19	1	111
this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital to be body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased brior to death was in regular attendance on the deceased prior to death, and (6) No physician was in regular attendance on the deceased prior to death, and (6) No physician was in regular attendance on the deceased prior to death. Application of the physician was in regular attendance on the deceased prior to death. 13. Eather, 13. Eather, 14. Eather, 14. Eather, 15. Eather, 16. Eather,	- 1	1. NAME OF
that (1) The body was	of dof dof dof dof dof dof dof dof dof d	
that (1) The body was	a hosi ause e; (5) ndanc ro dec	FULL NAM HOSPITAL C
that (1) The body was	ng c caus atte	30
that (1) The body was	butined lar lar ade.	5. SEX
that (1) The body was	occu ntri rmi egu asec is m	
that (1) The body was	ath dete	done during m
that (1) The body was	if dect of the dec	13. FATHER'S
that (1) The body was	stant ind; (eath e on al dis	15. Was Dec
that (1) The body was	f the y kind d	
that (1) The body was	lso, i of an of an ounce ttend	-
that (1) The body was	ner. A acture pronc ular a mbalm	heort la
that (1) The body was	exami exami 3) A fr who n reg	rise to
that (1) The body was	dical ical rns; (siciar vas i nains	
that (1) The body was	med Ily but phy cian veren	O OTHER SI TO THE DISEASE
that (1) The body was	chi Boc the the hysi	FRIE
that (1) The body was	y the ital be: (2) there No pl	OR CON
that (1) The body was	hosp hosp natur ept w (6)	OF INJU
SE S	the iny rearch	
SE S	of of of of the point of the po	
SE S	dear dear dear must	((
SE S	as relanded as relanded as a r	23C.PHY
SE S	dy w (1) A O.A.	24A. BURIAL REMOV
₩ 3 5 3 NOV	is ce lows: as D.	25A. DATE R
	### \$ # \$ # \$ # \$ # \$ # \$ # \$ # \$ # \$ #	VS 150-REV

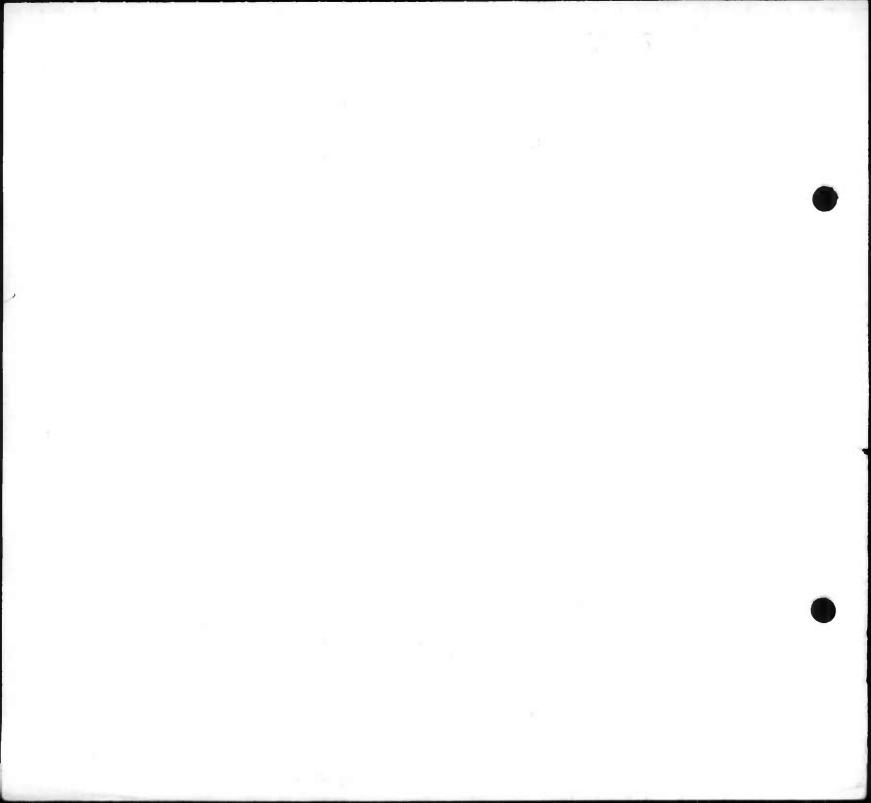
1	11-23	4 6	69 11,	572		HEALTH DEPART		REG. NO.	69	11572
	TH NO.	/			CLKTIFICA					
	e or Print)		and Man		1	2.		HOUR OF DEATH		7 1.0
3, 1	LACE IN BALL	IMORE MARYLAN	ard McD			A HELIAL DESIGNA	11-1			3:40 a. M sidence before odmission)
"		MARIEAN	D, WHERE PR	ONOUN	JED DEAD	A. STATE	& COUNTY	deceased lived. If ins	itituti on: res	sidence belore odmission)
FU	LL NAME OF	(IF NOT IN HO	SPITAL OR IN	ORUTHZP	ON, GIVE STREET	Maryland				1702
INS	TITUTION					C. CITY OR TOWN		D. INSI	E CITY LI	MILS.
	29	Provide				Baltimore E. STREET AND N	e		YE S 🗓	№ 🗌
l	0	1514 Di				1142 Dor	IUMBER	- 4		
5. S	EV	6. RACE			nd 21217	1				
I.	Tale	Negro	WIDO	WED	NEVER MARRIED DIVORCED	4-25-30	los	AGE (In years it birthday)	If Under Months	1 Yr. II Under 24 Hrs. Doys Hours Min.
done	USUAL OCCU	PATION (Give kind o rorking lile, even if reti	f work 108, KIN	D OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (St	ole or fareign	country)	12. CITIZ	EN OF WHAT COUNTRY
	employe					North Car	rolina		U.	S.A.
13.	ATHER'S NAM	A E				14. MOTHER'S MA	IDEN NAME			
(Yes	vos Deceased ,no ar unknown)	Ever in U.S. Armedilf yes, give war or	d Forces? dotes of servi	ice) 1 6.	SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS
	No					Mr. Otis	Stokes	-Close fri	end	SAME
	18. 7	(0)			CAUSE OF DEATH	1				APPROXIMATE INTERVAL
	DISEASI	OR CONDITION	DIRECTLY							ETWEEN ONSET AND DEATH
		LEADING TO DEA			(A) IMMEDIATE CAU	SE ACU	ite A	Locholism	7	10-8-69
	This does no heart lailure, a	ot mean the mode	e ol dying, eans the dise	e.g.,	DUE TO, OR AS A CONSEQUENCE OF:					
	injury or comp	lication which ca	used death.)	,		077	アクセント	3 of me -	100	
	A	NTECEDENT CAL	JSES		403	De	Livin	m Trem	ans	11-19-69
	DISEASES OR CONDITIONS, If any, giving						OF:	777 77 6777	-773	
	rise to the	above cause	(A) stating	the		Ma	lnyti	-itio-		
			•		(c)	7 2 4		16167		
z			CONTRIBUTE							
일	TO THE DEATH	CANT CONDITIONS BUT NOT RELATED	TO THE TERMIN	NG						
ERTIFICATION	19A. DATE OF	OPERATION 198	CONDITION F	OR WHI	CH OPERATION	20A. AUTOPSY? (Yes or Noll 2	OR IF YES WERE EI	NOINGS (CONCIDERED
Ħ	1)	WAS	PERFORMED			No	i	OR IF YES, WERE FI	SES OF D	EATH?
U	21A. A CCIDEN OR CONTRIBUT DEATH (notify t	T WAS UNDERLYING CAUSE OF medical examines	4G 🗌	218, PLA home, fe etc.)	CE OF INJURY (e.g., in orm, foctory, street, off	or about 21 C. WHER	RE DID CCU R?	(If In Baltimore	City, give	exocl location)
0	10.TIME	(Month) (Day) (Y	eon (Houn)		URY OCCURRED	21 F. HOW	DID INJUR	Y OCCUR?		
8	(APPROX.)			While A	Not While					
	22 1	has (1) (st t	that's care I	TYOIR	MI WORK			7.0		20
	the /IV /	nor (I) (INIS NOS	piroi/ attende	o the d	eceased from DC	1969		69 to Nove		
					vember 19,		_ond that	in (my) (our) apin	Ion death	occurred on the date
	and haur and	fram the causes	stated obov	e. (1) (W	e) (did) (did not) vi	ew the bady ofter	r deoth.			
ŀ	3A. SIGNATUR	E C	500						23B, DATE	SIGNED
		X	form	c/2n	DEGREE Phys.	ding Med.	or Sho	ff. 🗔	11-1	9-69
	NAME (Ty	r's	00	11		3D. ADDRESS	- 11)			
	12	mundo	01	301-	UN FILE	1514 Divi	sion S	treet Bal	lto	Maryland 21
24A.	BURIAL CREATE	ATION, 248. DATE	1240	C. NAME	of CEMETERY OF CRE	ANDRE	1 24D, LDC			coenty) (Stote)
	REMOVAL (Sp	ecily)	V-1.6					OR KAIN	· marit Koll	(21016) (21016)
25 A	DATE SECIE	BY HEALTH DEPT.	107	10.00	201278.4.0	UNIVERS	TV M	EDICAL	SCHO	101
237					EGISTRAR	25C. FUNERAL C	DIRECTOR "	Call SO SARVA	F. 10 12 15	ADDRESS
VS 1	50-REV. 1/4/61	1969 03.0	BE, Jo	alser	A.L.	1 18010	UANZ	SERVICE	<u> </u>	CHU



FUNERAL DIRECTOR: IMPORTANT

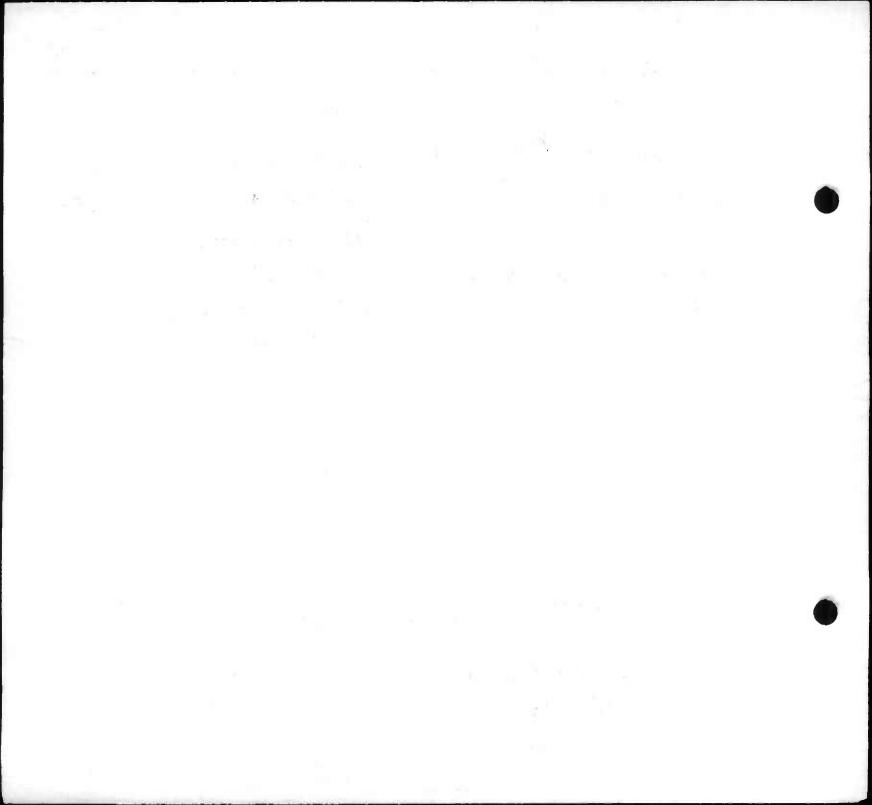
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

P-600 BIRTH NO. (29-2083)	69 1157	7	HEALTH DEPARTMENT	REG. NO	69 11573
(Type or Print)	ABY (FIR	L PERI	/ //	MBER18,19	6917:30 A m.
3. PLACE IN BALTIMORE, MAR	YLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If ins	titution: residence before admission)
FULL NAME OF (IF NOT HOSPITAL OR ADDRESS	IN HOSPITAL OR INSTITUTES OR LOCATION)	UTION, GIVE STREET	MARYLAND C. CITY OR TOWN	BALT IM	ORE 1506
UNIVERSITY OF	MARYLALANI) HOSPITAL	BALTIMORE E. STREET AND NUMBER 2843 WI. NO.	ZTH AVE	YES NO
5. SEX 6. RACE FEMALE NEG	2.0 WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH NOV 10, 1969	9. AGE (In years last birthday)	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give	kind of work 10B, KIND OF		11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
BABY	n ir renired)		MARYLAM		USA
13. FATHER'S NAME	2 2 2		14. MOTHER'S MAIDEN NA	ME	
5 '	5.5).		ETTA MA	RIE PER	ZRY
15. Was Deceased Ever in U. S. (Yes, no or unknown) (If yes, give	Armed Forces? wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18. 7 7 6 , 1 1		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR COND			4. 01: 110	mbrane Dise	
(This does not mean the	made of dving, e.g.,	(A) IMMEDIATE CAU	SE MANAL MILL CONSEQUENCE OF:	morane yse	a+1 /
heart failure, asthenia, etc.	Il means the disease, th caused death.)		CONTRACTOR OF		
ANTECEDENT	CAUSES	" Pren	1 a tureti		
DISEASES OR CONDITIO	ONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		*********
nise to the abave ca UNDERLYING CONDITION	use IA) staling the	(c)			
11		(0/222222222222222222222222222222222222			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELEVANT DISEASE OR CONDITION GIVE	ATED TO THE TERMINAL	******************		<u> </u>	***************************************
19A-DATE OF OPERATION	198. CONDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUS	ERLYING 21B, SE O F hom net) etc.)	PLACE OF INJURY (e.g., In e, form, foctory, street, off	or obout 21 C. WHERE DID	(If In Boltimore	City, give exact location)
OF INJURY		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	Whi	le At Not While At Work			
22. 1 certify that (1) (shis	despital) attended th	e deceased from M	ventle 115	19 69 to Druey	Why 18 19 68
that (1) (1) last saw the	deceased alive on	Wvernly 18	19 <u>69</u> and the		on death occurred on the date
and have and from the ca	uses stated abave. (1)	(We) (did) (did not) vi	ew the bady after death.		
23A. SIGNATURE	· do				23 B. DATE SIGNED
000	ice	DEGREE Phys.	Director L	Shaff Phys.	Mrs. 18.1969
23C. PHYSICIAN'S NAME (Type)	0.201/1153	(A) A / A = 2	3D. ADDRESS	DE OF BE A	DVI IND
24A. BURIAL CREMATION, 24B.	12001216082	WIV GEGREEA	NATORY	RE KENNIA	WALANDAL.
REMOVAL (Specily)	1 24 (1)	ME of CEMETERY of CRE	WATORY 24D. LO	ACDICAL S	town, or county) (Stote)
25A. DATE REC'D BY HEALTH D	-20-69	E RECUSTRAD	MIVERSIII A	LUICAL 3	CHUUM
	P. A. B. E. J. A.	and the same of th	25C. FUNERAL DIRECTOR	V SERVICE	IS CHIESE
VS 150-REV. 1/1/68	Cocerta C. Acros	at the s	MONTOAN	Y SERVICE	" hong



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be approved by the body was released to the hospita shows: (1) An accident of any nature; was D.O.A. at a hospital (except whe deceased prior to death); and (6) No written approval must be obtained by	

11	L-200 69 115	74 BALTIMORE CITY I	HEALTH DEPARTMENT		69 11574 4
	BIRTH NO. 69-20899 1	CERTIFICAT	E OF DEATH	REG. NO	00 11374 9
	Type or Print	Victor	2. DATE AND	HOUR OF DEATH	1230
	3. PLACE IN BALTIMORE, MARYLAND, WHERE P	ONOUNCED DEAD	L USUAL RESIDENCE (Where	deceased lived. Il instit	ution: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR ! HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	CITY OR TOWN	<u>-</u>	2002
	011 . I h.	0011	Dalle	4	ES NO
	8 Ums. of Mrs	1	E. STREET AND NUMBER PS78 W-Oau	mount	are
	WIDO WIDO	WED DIVORCED	11-9-69		f Under 1 Yr. If Under 24 Hrs. Norths Doys Hours Min.
X	OA USUAL OCCUPATION (Give kind of work 10B, KINdone during most of westing life, even if settred)	D OF BUSINESS OR INDUSTRY	BIRTHPLACE (Stote or foreign	country)	2. CITIZEN OF WHAT COUNTRY?
41	3. FATHER'S NAME		MOTHER'S MAIDEN NAME	Hosp	
	John C. Lass	lens	Jane O	sucher	
K	NWas Paceased Ever in U. S. Armed Farces? Tekno frunknown) (If yes, give wor at doles of san	ice) 16. SOCIAL SECURITY NO.	ANFORMANT 2578 W.D.	aum ou	ADDRESS + arl.
	18. 7 4 9 1	CAUSE OF DEATH		0011000	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		PLE CONGENIA	TAC	BETWEEN ONSET AND DEATH
	(This does not meen the mode of dying, heart failure, asthenia, otc. It means the disinjury or camplication which caused death.)	e.g., DUE TO, OR AS A C	ONSEQUENCE OF:	C/EV	
	ANTECEDENT CAUSES	(0)			
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS A	CONSEQUENCE OF:		***************************************
l	UNDERLYING CONDITION last.	(C)		*************	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMINATION GIVEN IN PART 1 (A).	NG PA	REM ATURITY		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198. CONDITION 1 WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING [1]	OR WHICH OPERATION	20A- AUTOPSY? (Yes of No)	OB, IF YES, WERE FINE	DINGS CONSIDERED S OF DEATH?
- 11	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical axamine)	21B. PLACE OF INJURY (e.g., in o hame, farm, factory, street, affice etc.)	about 21 C. WHERE DID	(if in Boltimare Ci	ty, give axect location)
	21D-TIME (Manth) (Doy) (Year) (Hour)	21 E INJURY OCCURRED	21F. HOW DID INJUR	OCCUR?	
1	(APPROX)	Wark Not While C		4.0	
	22. I certify that (I) (this hospital) attend	ed the deceased from	1 (1)	57 ta //	1967
	that (I) (we) last saw the deceased alive and haur and from the causes stated above		19 6 and that	in(my) (ass) apiniar	death accurred an the date
	23A. SIGNATURE : 70.	. /. 0		238	3. DATE SIGNED
	Euch Fu	Altendi	Director L Phy	#. D	11-10-69
	23C. PHYSICIAN'S NAME (Type) FRIC M.	FINE MODERNEE A	ADDRESS UNIV COM	5 MD H	SAITAK
2	KEMIO VAL (Specify)	C. NAME of CEMETERY OF CREATE	1041 1 UIVA 249. 10C	**	own, or county) (Stote)
2	5A. DATE REC'D BY HEALTH DEPT. A BOB. WA	OF BEAUTRAP	NIVERSITY M	EDICAL S	CHOOL
	NOV 24 1969 Valent 5, 42	ser wat a co	MORTUARY	SERVICE	- BCHD
4 6	150-REV. 1/1/68				2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7



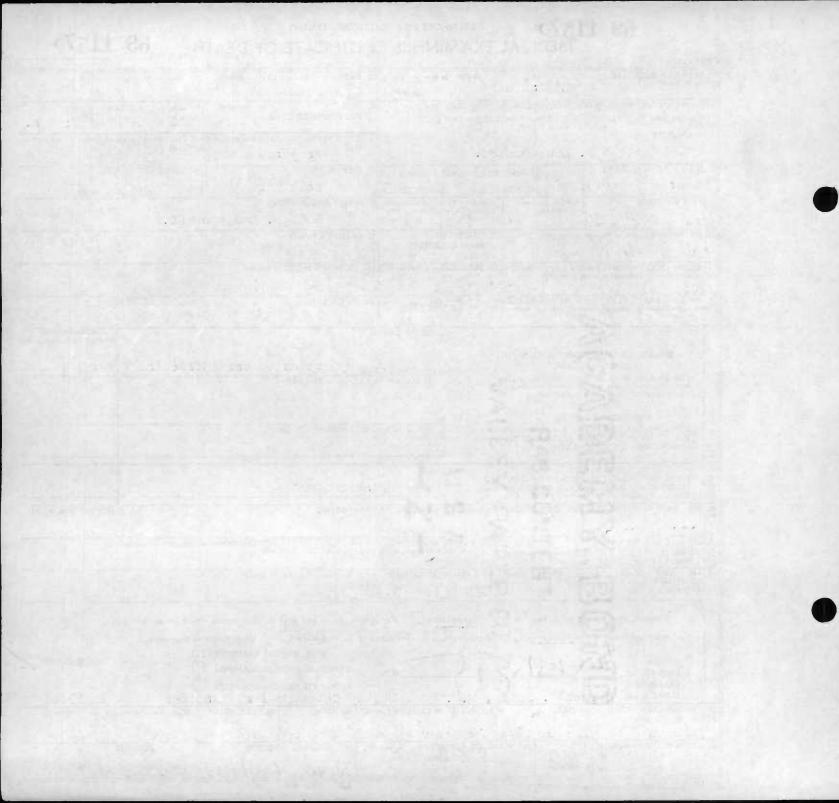
BIRTH NO.

B.400

69 11575 BALTIMORE CITY HEALTH DEPARTMENT

15/0		HEALTH DEPARTMENT				a w saled poor
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	REG NO 69	11575

NAME OF DECEASED AKA LILLE	2. DATE Known Month Doy Yeor Hour
Type or Print) Lillian Bell ANN	OF DEATH Estimated
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 11 22 69 3:10 a _{M.}
O O 1111 N. Longwood St.	S. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY
S. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
female colored WIDOWED DIVORCED	Baltimore YES NO
Jan 10, 1922 10. AGE (in years H Under 1 Yr, If Under 24 Hrs. Van 10, 1922 47 Manths Days Haurs Min.	1111 N. Longwood St.
North Carolina 12. CITIZEN OF WHAT COUNTRY2	Charles Ray
4A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME
Hospital Worker Hospital	Honie Rogers
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL Yes, no ar unknown) (If yes, give war or dates of service) SECURITY NO.	18. INFORMANT ADDRESS
1/0	Singleton S. Bell IIII N. hongwood St
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL
41000 400017	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Hymontonoises andiamental discussion
	AUSE Hypertensive cardiovascular disease
heart follure, asthenia, etc. It means the disease, Injury or complication which caused death.)	AS A CONSEQUENCE OF:
injuly of complication which coused death.)	
ANTECEDENT CAUSES	
	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	
Ĕ	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Diabetes Mellitus
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)
	no
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in ar about 22C. WHERE DID (if in Baltimore City, give exact location)
	e bldg., etc.) INJURY OCCUR?
UTING L CAUSE OF DEATH. ≥ 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY	WHILE C
m. WORK AT W	ORK
23.	
	tapsy ond that on this basis, death in my opinion
resulted from Notural couses Accident Suicia	le Homicide Undetermined monner
	CHIEF MEDICAL EXAMINER
ACTUAL MULLINGS SAL	ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D.	ASSOCIATE MEDICAL EXAMINER
	eputy Chief Medical Examiner 11/22/69
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY	
REMOVAL (Specify)	Al + a Q An I
1345101 NOV 25, 1969 HOHIMORE,	val cem Paltimore 19
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MOV 24 1969 1000 E. Jaben, M.O.	2000-11 P 27-20 16 61 M
S 151-REV. 1/1/68	The bound of the service of the serv

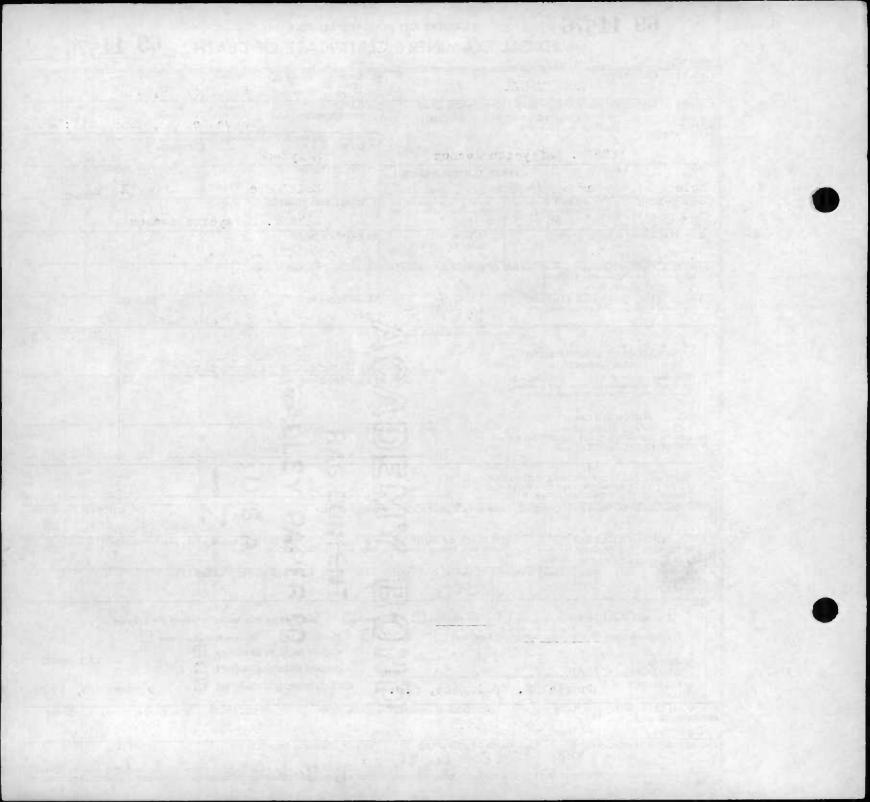


69 11576

BALTIMORE CITY HEALTH DEPARTMENT

• •				00	
MEDICA	AL EXAMINER'S	CERTIFICATE (OF DEATH	REG. NO.	11576

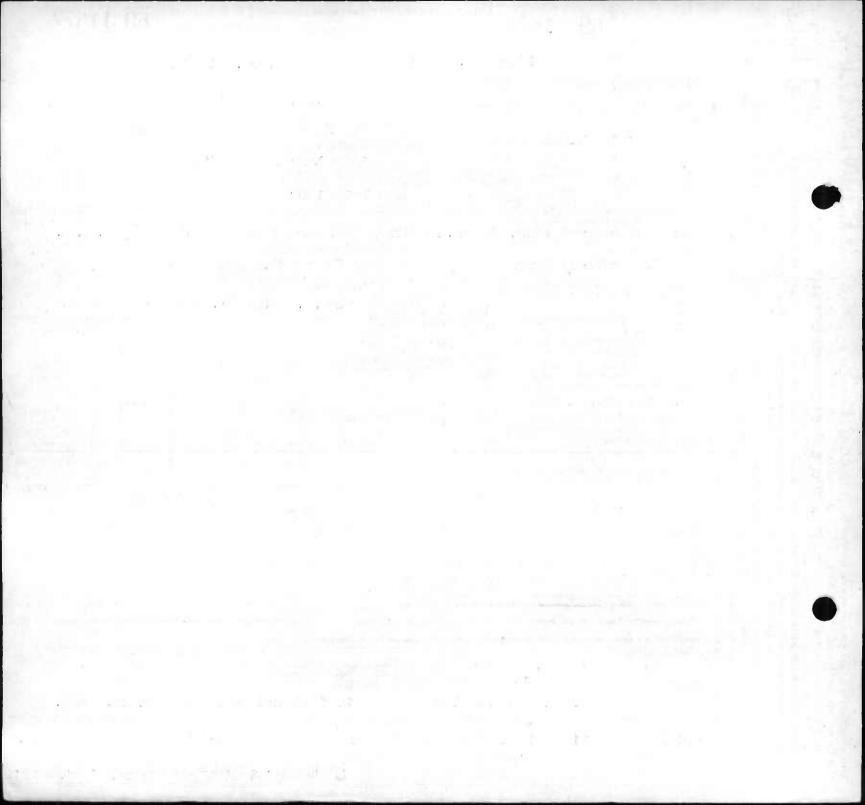
L. NAME OF DECEASE ROBERT DIX 2. DATE Month Dory Year Injury Year Priory Year Ye	BIR	TH NO.	REG. NO						
4. PLACE IN BAILMORE, MARYLAND, WHERE PRONOUNCED BEAD HOSPITAL BAILDORY (FROTISH DOIS) AND STRILL STATE (FROTISH DOIS) AND STR			OF November 10 1	969					
SEX P. RACE	FUL HO	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	3. DATE Month Doy PRONOUNCED DEAD November 19, 1 5. USUAL RESIDENCE (Where deceased lived. If Institution: r	Yeor Hour 969 11:20 A _M					
Male Negto Widowed Divorced Baltimore Yes No. Baltimore Yes No. 9. Date Of Birth 10.066 (nytern 16 blook) for the No. 11.28 W. Lafayette Avenue 11. Birthflace (Sinte or ferrigh country) 12. Citizen of Ministory 11. Birthflace (Sinte or ferrigh country) 12. Citizen of Ministory 12. ALL 11. ALL		O 1128 W. Lafayette Avenue	Maryland B. COUNTY	1601					
DATE OF BIRTH CLADE (IN YEAR) CLADE (IN YEA	6. 9	7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?					
1. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY. 13. FAITHER'S NAME 14. COUNTRY. 14. COUNTRY. 15. FAITHER'S NAME 15. MATERIAL COUNTRY. 16. COUNTRY. 17. SOCIAL NO. 16. INFORMANT 18. INFORMANT 18	L	THE STATE OF THE S	123	□ NO □					
AUSTREAM	0	Oct 27, 1903 last birthdoy) Months, Doys, Hours, Min.	1128 W. Lafayette Avenu	e					
19. CAUSE OF DEATH SECURITY NO. 18. INFORMANT ADDRESS CAUSE OF DEATH APPROXIMATE INTERVAL SECURITY NO. 19. CAUSE OF DEATH APPROXIMATE INTERVAL SECURITY NO. CAUSE OF DEATH CAUSE OF D		Virginia WHAT COUNTRY?	Robert L. DIX						
15. MAS DECEASED EVERINUS. ARMED FORCES? Ves, no or unknown)(I) yes, give wor or doles of service) 17. SOCIAL Ves, no or unknown)(I) yes, give wor or doles of service) 19.		during most of working life, even il retired)	1.10 11-						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (hills does not meet the mode of dying, e.g., heart fairweigh injury or complication which caused death,) ANTECEDENT CAUSE (A) STAIN GREEN BUILDING, or AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE BROYE CAUSE (A) STAINING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH OF T	16. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? In our unknown)((I) yes, give wor or doles of service) SECURITY NO.	11 11 11 11	. 1					
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UNDERLYING OR CONTRIB		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	AUSE Carcinoma of prostate AS A CONSEQUENCE OF:	APPROXIMATE INTERVAL					
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UNDERLYING OR CONTRIB	ERTIFIC	DISEASE OR CONDITION GIVEN IN PART 1 (A).	AS PERFORMED 2	21. AUTOPSY? (Yes or No)					
OF INJURY (APPROX.) Control of the location Control of the locati		n		No					
OF INJURY (APPROX.) Control of the location Control of the locati	EDICA	UNDERLYING OR CONTRIB. home, form, foctory, street, ollice	in or obout 22C. WHERE DID (II in Boltimore City, give exoct bidg., etc.)	(ocation)					
Certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion	Σ	22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED OF INJURY WHILE AT NOT	WHILE [-]						
25A. DATE REC'D BY HEALTH DEPT. 1.0V 24 1969 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS LOVE & Grand August & Russ 2222 W. North Care	24/	1 certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion resulted from: Notural couses Accident Suicide Homicide Undetermined manner Accident Chief Medical examiner Accident Accide							
110V 24 1969 Poles E. Falley M.D. Joseph & Rus 2222 W. North Creve	1	Jurial 11-22-69 Mt. Calver	y Cem Brooklyn Mo 125C. FUNERAL DIRECTOR ADD	aryland press					
		110V 24 1969 Cos E, Jaben M.D.							



ath sed the	
de de an	
ospit e of 5) De nce leat	
a h caus se; (se, nda	
d in caus	
appraved by the chief medical examiner ar his assistant if death accurred in a hospital and ta the haspital by a medical examiner. Alsa, if the direct ar cantributing cause of death af any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased al (except where the physician wha pranaunced death was in regular attendance an the the deceased priar ta death. Such his and (6) Na physician was in regular attendance an the deceased	ממני
accuantre	2
ar condet	
if de ect 4) Ur was the	pasi
dir dir	0
the the kin dee	5
any if any	20
Also Pre of nau	BE
iner actu pra	BOE
amii A fr	9
al ex (3)	ns a
dical dical rrns; rsici	BBE
me me ly bu ph)	e re
chie	re Th
the alb	Deta
d by spit ture t when the whole N (6)	ed
y na y na ccep	משב
appirath fan fan (e)	3e or
sed int a nrt a pita	UST
elea cide has	E
as re n ac at a	LOVE
rificate must be appraved by the chief medical examiner ar his assistant if death accurred in a hospital and ly was released to the haspital by a medical examiner. Also, if the direct ar cantributing cause of death (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased O.A. at a haspital (except where the physician who pranaunced death was in regular attendance an the deceased prior to death. Such	approval must be obtained betare the remains are embalmed or final dispasifian is made.

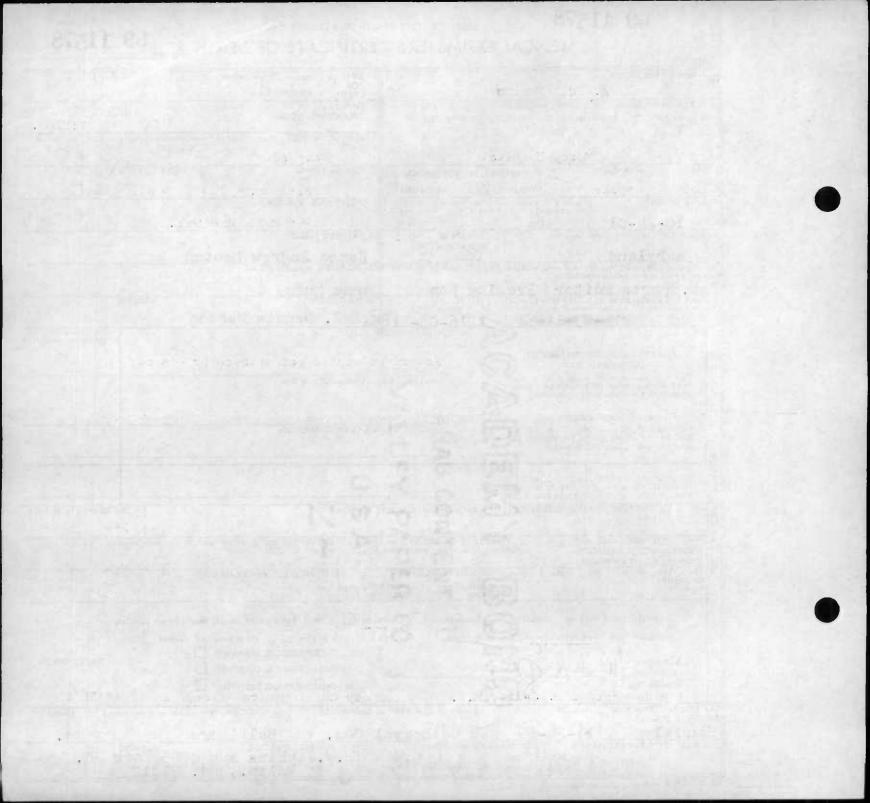
VS 150-REV. 1/1/6B

BIRTH NO.	69 1157	17		TE OF DEATH	REG. NO	69 1157	7	
1. NAME OF DECEA	Will	liam R.	Dunn		ND HOUR OF DEATH 0 V. 21, 1969	9 10	30 A M.	
FULL NAME OF	(IF NOT IN HOSPITAL OF ADDRESS OR LOCATION			4. USUAL RESIDENCE (Wh A. STATE B. COU Maryland		stitution; residence before	odmission)	
HOSPITAL OR	ADDRESS OR LOCATIO			c. city or town Baltimore	D. INSI	IDE CITY LIMITS?		
00	0020 TOTALIGO	Road		e. Street and number 3625 Yolando	Road			
5. SEX 6.	\//	MARRIED NE	A CK MAKKIED	. date of birth 7-13-1902	9. AGE (In years last birthday)	If Under 1 Yr. If Un Months Doys Hours	der 24 Hrs. Min.	
done during most of wo	ATION (Give kind of work 108 orking tife, even if retired) Personnel Mar			1. BIRTHPLACE (Stote or for Altoona, Pe		U.S.A		
13. FATHER'S NAME John	Lafferty Duni	1	1	Emma 0.				
(Yes, no or unknown)	ver in U. S. Armed Forces? If yes, give war or dates of	service) SE	CCIAL CURITY NO.	7. INFORMANT Mrs. Willia	m R. Dunn	Address	Э	
DISEASES OR rise to the UN DERLYING OTHER SIGNIFIC TO THE DEATH	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
▼ DISEASE OR COI	OPERATION 19B. CONDITI WAS PERFOR	ON FOR WHICH	OPERATION	20A. AUTOPSY? (Yes or N	10) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
OR CONTRIBUTE	WAS UNDERLYING ING CAUSE OF	21 B. PLAC home, farm etc.)	E OF INJURY (e.g., in n, foctory, street, offi	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimor	ro City, give exoct locotion)	
21D. TIME (Month) (Day) (Yeor) (Hour) 21E. INJURY OCCURRED While At Work Not While At Work 22. I certify that (I) (*his hospitel) attended the deceased fram 1965 to Manual 1969,								
that (I) (we) Id	22. I certify that (I) (*his hospital) attended the deceased fram 1965 to Mountary VI 1969, that (I) (**) last saw the deceased alive an Mountary Last 1960 and that in (my) (**) opinion death accurred an the date and have and from the causes stated above. (I) (**) (did) (**) view the bady after death.							
23A. SIGNATURE 23C. PHYSICIAN NAME (Typ	alland	Just .	DEGREE Phys.	ding Mod. Director D D. ADDRESS 1501 Pentri	Stoff Phys.	23B. DATE SIGNED	0	
24A. BURIAL CREM REMOVAL (Sp. Burial	11-24-19		CEMETERY OF CREATERY WOOD Cem		Parkville,	ity, town, or county)	(State) Md.	
25A. DATE REC'D B	OV 24 1969	NAME OF REG	BeJMD (25C. FUNERAL DIRECTO	Venkins & S	ADDRESS Balto., Md.	21212	



MEDICAL EXAMINER'S CERTIFICATE OF DEATH 69 11578

BII	RTH NO.		MILD	ICAL	LVAMILATIO	LKIIII	CATEO	DEAT	REG. NO		-0	
1.	NAME OF DEC	EASED				2. DATE	Known 🛚	Manth	Doy	Yeor	Hnur	
(1A	pe or Print)	A.	Paul 1	lenton.		OF DEATH	Estimated []				M.
4.	PLACE IN BALT				NOUNCED DEAD	3. DATE		Month	Day	Year	Hour	IVI.
	L NAME OF	(IF NO	T IN HOSPITA	L OR INSTITUTION)	JTION, GIVE STREET	PRONO	UNCED DEAD	11	21	69	2:27	р.м.
OR	NOITUTITZAL	-					ESIDENCE (Whe	re deceased li		residence b	efare admis	
	5	/ :	Mercy I	Hospita	a 1	A. STATE	Maryland		B. COUNTY	12	00	21
6.	SEX	7. RACE		8. MARRIE	NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE CIT	Y LIMITS?		
	male	white		WIDOWE			Baltimo	re	YE	s 🖾 🛚 r	100	
9. 1	DATE OF BIRTH		lost birthdon		Under 1 Yr. If Under 24 Hrs. onths Doys Haurs Min.	E. STREET	AND NUMBER					
	10-21			8			3408 Gu	ilford	Terr.			
11.	BIRTHPLACE (S	ale or fareig	n country)	12	CITIZEN OF WHAT COUNTRY?	13. FATHER	'S NAME					
	Mary]				USA	Jame	s Andre	w Men	ton			
14A	.USUAL OCČUI e during most of w	ATION (Giv	e kind of work I	48. KIND O	F BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN N	AME				
	et Spor			Even	ing Sun	Anna	Murn				No.	-
16.	WAS DECEASE , no or unknown)	D EVER IN	U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	18. INFOR			AD	DRESS		
1	No	7.	-01 01 00123	3514160)	216-03-118	GA J	. Denni	s Ment	on			
	19.	2 1/1			CAUSE OF DEA	TH					ROXIMATE IN	
	DISEASE	OP COND	ITION DIREC	TIV							EN ONSET A	NO DEATH
		EADING TO			Arterio		ic cardi	ovascul	ar disea	se		
	(This does no	t mean the	made of dyl	ng, e.g.,	DUE TO, OR		UENCE OF:					
	injury or com	plication whi	ch coused deo	th.)								
	AA	TECEDENT	CALICEC									
	DISEASES C	R CONDITI	ONS, IF ANY	GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:					
	RISE TO THE UNDERLYIN	ABOVE CA G CONDITI	USE (A) STAT	ING THE								
0				1.3.2	(c)							
A	OTHER SIGNI	FICANT CON	II NOITIONS CO	NTRIBUTIN	G							
CERTIFICATION	TO THE DEA	TH BUT NOT	RELATED TO	HE TERMINA	AL							
R					R WHICH OPERATION WA	AS PERFORA	NED			21. AUTOF	SY? (Yes o	or No)
	21									yes		123
¥	22A. EXTERN	IAL CAUSE	WAS	221	B.PLACE OF INJURY (e.g.,	in ar obout 2	2C. WHERE DID	(If in Boltimo	re City, give exac	t location)		
EDICAL	UNDERLYING UTING CAL			ho	me, farm, factory, street, office	bldg., etc.)	NJURY OCCUR?					
Σ	22D. TIME (oy) (Yeor	(Hour)	22E.INJURY OCCURRED	12	2F. HOW DID I	NJURY OCC	UR?			
	OF INJURY (APPROX.)					WHILE						
	23.			m.	WORK LAT W	OKK L						
	1 certi	fy that I h	eld on In	quiry 🗌	Inspection Au	topsy X	and that on	this basis,	death In my	pinion		
	result	ed fram: N	atural caus	05	Accident Suicid	e H	micide	Undetermi	ned manner	1		
		1	A	C }			CHIEF MEDICAL					
	ACTUAL SIGNATU	DE Ille	wh	NE) ""	ACCI	STANT MEDICAL				DATE SIGI	NED
	EXAMINE		V 10	1)M.D	•	CIATE MEDICAL		$\overline{\Box}$			
	NAME (T	(pe) Wer	ner U.	Spitz	, M.D. D	eputy (hief Med	ical Ex		11/	22/69	
24. RE	A. BURIAL CREM	ATION, 2	48. DATE		24C. NAME of CEMETERY	or CREMATO	PRY 240	LOCATION	(City, town,	or county)	(Sto	te)
	Burial			-69	New Cathedra	1 Cem	. B	altimo	re		Md.	
25.	A. DATE REC'D	BY HEALTH			ME OF REGISTRAR		Jenki			DRESS .		
		10V 2	4 1969	. Bal	E. Jaben M.D.	Пе	Bal	to W	14905 1 d. 212		na.	
VS	151-REV. 1/1/68			1	0 7 4	- 1-9	, Dal	D. I.	u. 212.	L C.		



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

	69 115	79		HEALTH DEPARTMEN	11/		00 44	1010
BIRTH NO.		• •	CERTIFICA	TE OF DEAT	\mathbf{H}^{-X}	REG. NO	69 11	579
1. NAME OF DECEASE	HIDEL	1 Da	ILDING			UR OF DEATH		
3. PLACE IN BALTIMO	PE MARYLAND WHE	VO FA C	LUING		-22		1 9	: 50 pm.
				4. USUAL RESIDENCE A. STATE B.	COUNTY	osed lived. If instit	ution: residence	before admission)
II HOSHIAL OK	IF NOT IN HOSPITAL	OR INSTITUTI	ON, GIVE STREET	MARYLAI	ND.	U 5 #	5	300
NOTITITION				BALTIMA	OPE		CITY LIMITS?	
SOUTH	BALTO .	GEN	1. HOSP	E. STREET AND NUME		Υ	ES A	ио 🗌
	P 11 - 1 - 1	CA C		6315 C	rais	3mon;	t Ra	•
5. SEX 6. RA	CE 7.	MARRIED	NEVER MARRIED	8. DATE OF BIRTH	11 4 1.1.	(In yours 1	Under 1 Yr.	If Under 24 Hrs. Hours Min.
T I I I I I I I I I I I I I I I I I I I		VIDOWED		2-17-8	6	83	dillis Doys	Hours Min.
done during most of working	Ilife, even il retired)	KIND OF B	USINESS OR INDUSTRY					WHAT COUNTRY?
HOMEMI	TKER			MASS	ACHU	SSETS	U.	5.A.
13. FATHER'S NAME		1 I 4	TED	14. MOTHER'S MAIDEN		0		
	MAES		IEK	HEL	EN	COBB		
15. Was Deceased Ever i (Yes, no or unknown) ye	n U. S. Armed Forees?	service)	SOCIAL SECURITY NO.	17. INFORMANT		is a	ADDRE	SS
NO			015-22-009	2 STANL	EY	V. (51	ont) :	SAME
18. 410	91		CAUSE OF DEATH					XIMATE INTERVAL
	CONDITION DIRECT	TLY		2001 00	-	. 0		ONSET AND DEATH
(This does not me	an the mode of dvi	ing, e.g.,	(A) IMMEDIATE CAU	SE MYO CO CONSEQUENCE OF:	na	al		D-2
injury or complicati	nia, elc. il meons the on which coused dec	oth.)						
ANTEC	EDENT CAUSES		INFA	RETION	- AC	UTE		
DISEASES OR CO	NDITIONS, if ony,	giving	DUE TO, OR AS	A CONSEQUENCE OF:		************************		
UNDERLYING CO	ve couse (A) sla IDITION last.	ding the	(C) ARTE	RIOSCLE	ROTIC	CARL	NOUN	5 culA,
	11			+SE				
OTHER SIGNIFICANT	CONDITIONS CONTRI	IBUTING	Pile					
O DISEASE OR CONDIT	ON GIVEN IN PART 1	(A).	CH OPERATION	120 A ALLTO DEVA IV	N-V 008			
2	WAS PERFORA	MED	CII OILEANION	20A. AUTOPSY? IYes	IN C	ERTIFYING CAUSE	OF DEATH?	PERED
U 21A. ACCIDENT WA	S UNDERLYING	218, PL	ACE OF INJURY (e.g., In	or obout 21C. WHERE D	ID .	(II In Baltimore Ci	ly, give exect le	ocotian)
O DEATH (natily medie	ol exominen	elc.)	ionit idelety, silest dis	co bidg., INJURY OCCU	K?			
	h) IDoy) IYeor) (H		JURY OCCURRED	21F. HOW DID	INJURY O	CCUR?		
(APPROX.)		While Work	Al Work					
22. I certify that () (this hospital) at	tended the	deceosed from	11-21	19 6	7 00 /	1-22	19 69
that (1) Wellost	aw the deceased al	live on	11-22	19 65 on	d that in (n	v) (our) opinior	death occur	red on the date
ond hour ond from	the causes stated (above. (i)	Ve) (did) (did not) vi	ew the body ofter dec	oth.			too on the date
23A SIGNAL DE						23 1	L DATE SIGNE	D
Vilia	C-Baldo	vado	M . D . Atten	ding Med. Director	Shaff Phys.	3	11-27	2-69
23C. PHYSICIAN'S NAME ITypo)	_		2:	D. ADDRESS			. /	1 4
LILIA		ONAL	DO MID.	South ?	salt	. Hen.	Hos	pular
24A. BURIAL CREMATIO REMOVAL (Specily)	N, 24B, DATE	24C. NAM	ol CEMETERY OF CREA	AATORY 24	D. LOCATIO	N (City, to	wn, or county)	(Stote)
Removal-Bu			Melrose]]	Brockt	on		Mass.
25A, DATE REC'D BY HE		NAME OF B		25C. FUNERAL DIREC			ADDI	
VS 150-REV. 1/1/68	24 1969	15 E	Jaber M.D.	H.W. Jenkt	ns & S	ons Co.	Balto	• • Md •
49 13U+KCY. 1/1/05								

VS 150-REV. 1/1/68

a hospital and

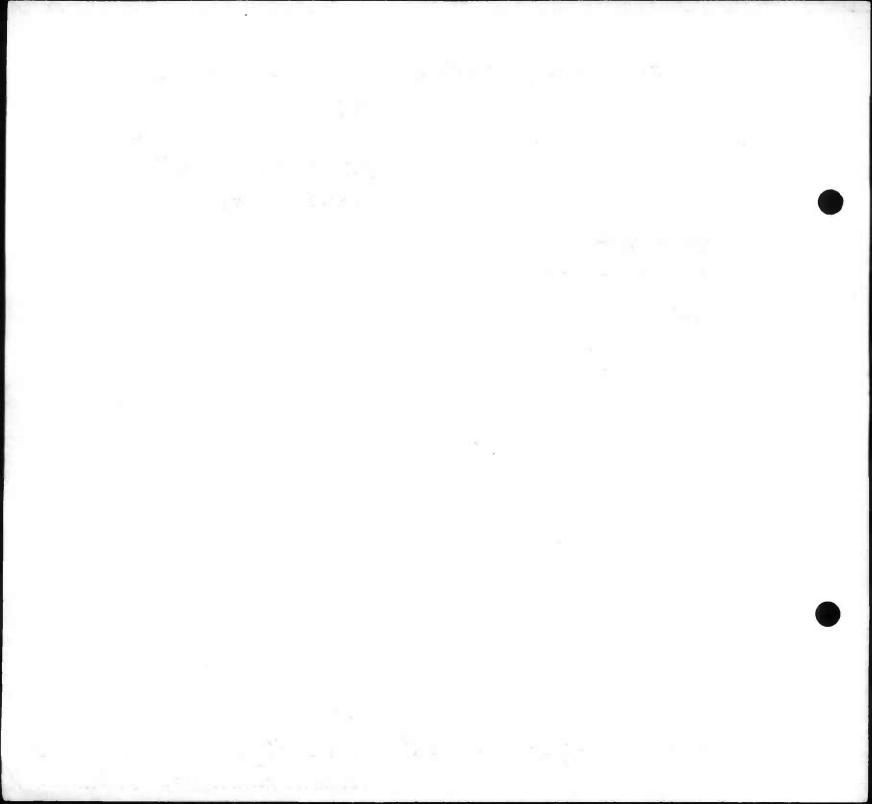
69	11580
----	-------

BALTIMORE CITY HEALTH DEPARTMENT

CERT	IFICA	TE C	OF D	EATH

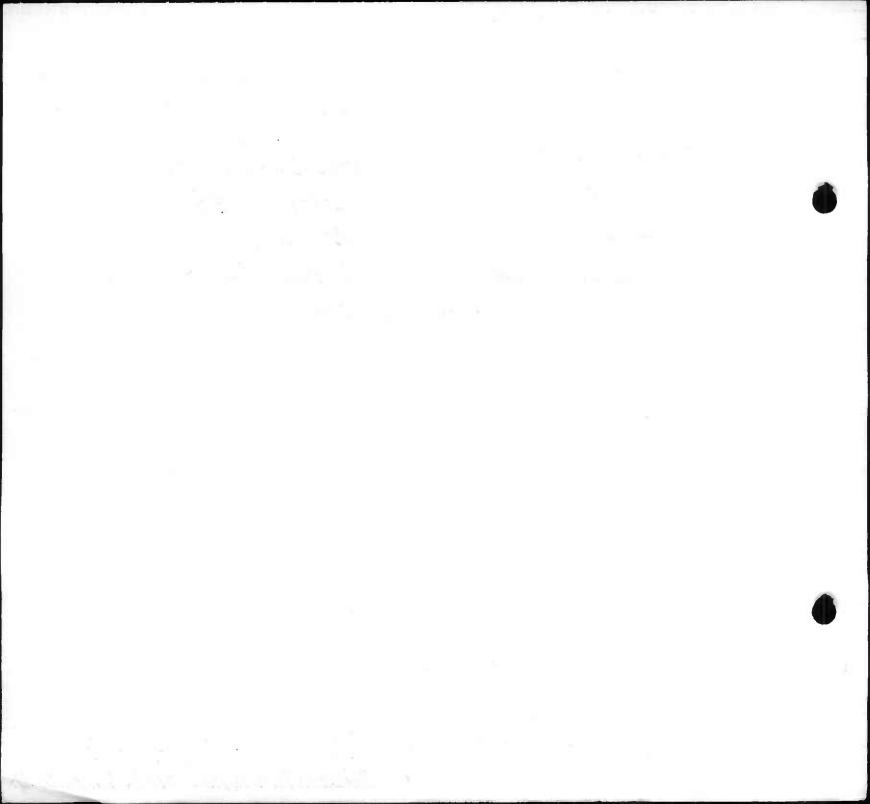
|--|

BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	pa 11220
1. NAME OF DECEASED (Type or Print)	0	2. DATE A	ND HOUR OF DEATH	
Mazel Lucille "1		Nove	- Ser 21 19	69 10:45 FM M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	ICED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived. It inc	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT ADDRESS OR LOCATION) INSTITUTION		M. d.	D INSI	DE CITY LIMITS?
1 + M / D	Haspital	Baltimore	J. INSIL	YES A NO
University of Maryland	134901/44	E. STREET AND NUMBER	11 6	<u> </u>
5. SEX 6. RACE 7. MARPIED TO	Ximina i i anno 🗔	B. DATE OF BIRTH	lberty Ul	,
Meg, WIDOWED		9-12-28	9. AGE (In years lost birthday)	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10 B, KIND OF B done during most of working life, even if refired)	USINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
13 FATHER'S NAME			olina	U. S. A.
James Imes		14. MOTHER'S MAIDEN NA	Me Hall	
16 10 6	6. SOCIAL	17. INFORMANT	,,,,,,	ADDRESS
No	SECURITY NO.	Hosp. Chinse	al Record	
18. +31.9 4 1303.9 9	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1	P		. 1 1
This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	SE MOUNDAI	2	1/2 who
heart failure, osthenia, etc. It means the disease, injury ar complication which coused death.)	ě.	4 /		
ANTECEDENT CAUSES	101 (2) Sub	dural Henal	toma.	Unk
DISEASES OR CONDITIONS, il any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Alco	holism		
DISEASE OR CONDITION GIVEN IN PART 1 (A).			V cas	***************************************
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHAS PERFORMED 19A. ACCIDENT WAS UNDERLYING 1218. BI	He -att -a	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING TO CAUSE OF	ACE OF INJURY (e.g., in	or about 21C. WHERE DID	(II in Baltimare	City, give exact location)
DEATH Instity medical examined etc.)	farm, foctory, street, aff	ice bldg., INJURY OCCUR?		
Z	IJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
APPROX.) While Wark	At Not While	1 unde	+	
22. I certify that (1) (this hospital) ottended the		eli // 1	969 to Nove	-den 2/ 19 6 9
that (1) (we) last sow the deceased alive on ///			ot in(my) <u>(aur)</u> opini	on deoth occurred on the dote
ond haur and from the causes stated obave. (1) (We) (dld) (dld not) vi	ew the body ofter deoth.		
23ArSIGNATURE	DL.	ding Med.		180-21 69
23C. PHYSICIAM'S NAME (Type)	DEGREE	3D. ADDRESS	rnys.	
I Garage 11/han		UNINESTE TO A	aspet /	
24A. BURIAL CREMATION, 24B. DAVE 24C. NAM	E of CEMETERY of CRE	MATORY 240. LC	CATION" (City	town, or county) (Stote)
Support 1/24/69 Wil	NS/ON BA	IEM NC. K	LUSTON S	olem Mil
NOV 24 1969	REGISTRAR	25C. EUNERAL DIRECTOR	The second of the	ADDRESS AND A STATE OF A

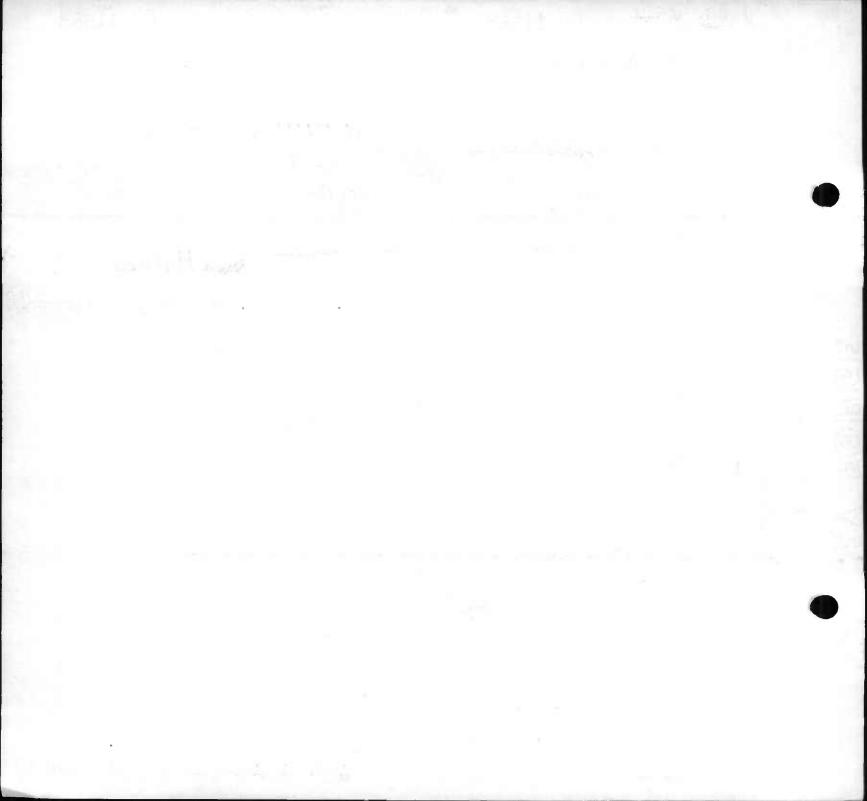


VS 150-REV. 1/1/68

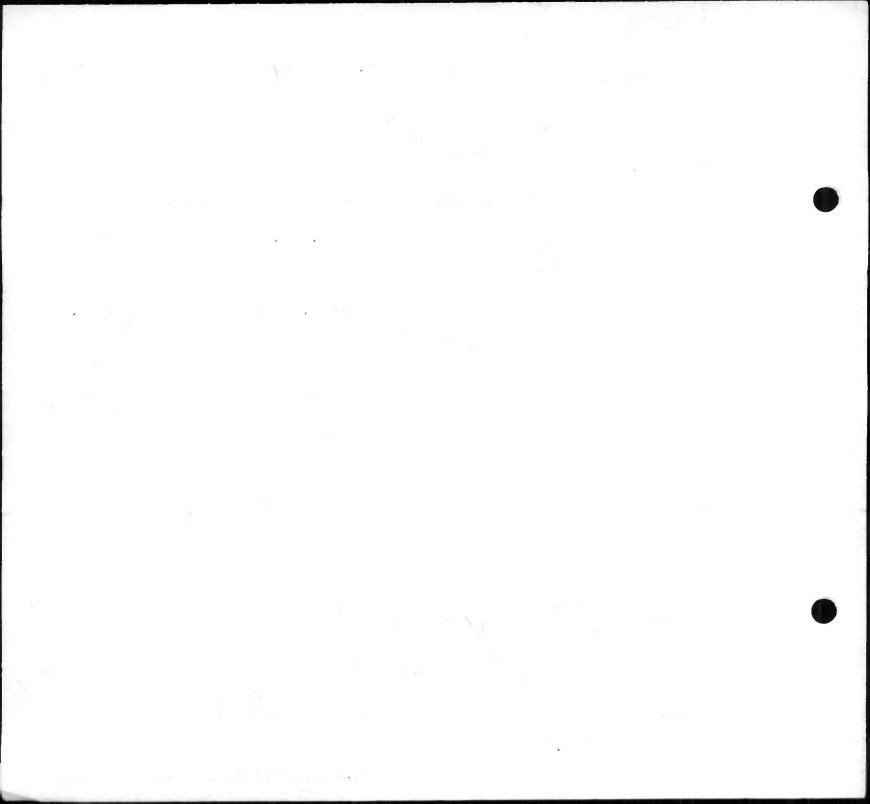
	03 TT28T	TIMORE CITY HEALTH DEPARTMENT RTIFICATE OF DEATH REG.	. но. 69 11581
	I.NAME OF DECEASED	DSON 2. DATE AND HOUR OF	DEATH 2 14:55 A.M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEA FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIV. HOSPITAL OR ADDRESS OR LOCATION)	AD 4. USUAL RESIDENCE (Whose dedeosed in A. STATE B. COUNTY	1402
	SUNIV. HOSP.	E. STREET AND NUMBER	VES NO
7	5. SEX 6. RACE 7. MARRIED NEVER	MARRIED 8. DATE OF MIRTH 9. AGE (In y	eors If Under 1 Yr., If Under 24 Hrs.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS	IVORCED RIZ4 last birthday	Months Doys Hours Min.
	done during most of working life, even if retired)	- No Car	USA
	Oses Hudson	model fa	viso
	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) Ulf yes, give wor er dates of service) (Yes, no or unknown) Ulf yes, give wor er dates of service)	ITY NO.	ADDRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	SE OF DEATH	APPROXIMATE INTERVAL BETWEEN OBSET AND DEATH
		MMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	Trapion 1
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving	arlos insclerator hea DUE TO, OR AS A CONSEQUENCE OF:	it years
	rise la lhe above cause (A) slaling lhe UNDERLYING CONDITION last. (C)	alseese	***************************************
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	arcinoma Prost	ato 14r,
	10 24 64 WAS PERFORMED CA Pro-	RATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES IN CERTIFY	WERE FINDINGS CONSIDERED ING CAUSES OF DEATH?
	DEATH (notify medical examine)	INJURY (e.g., in or about 21C. WHERE DID (If In tery, street, office bldg., INJURY OCCUR?	n Bolitmere City, give exact location)
	21D-TIME (Menth) (Doy) (Year) (Heud) 21E INJURY OC While At Werk	CCURRED 21F. HOW DID INJURY OCCUR	1
	22. I certify that (I) (this hospital) attended the decease that (I) (we) last saw the deceased alive an		aur) apinian death accurred an the date
	and haur and from the causes stated above. (I) (We) (did)(did nat) view the bady after death.	
	Danis Meal B.	Attending Med. Staff Director Phys.	23B. DATE SIGNED 11/20/69
	DAVIDS MCHOLD	MD 23D. ADDRESS UNIV, MOSP,	, , , , , , , , , , , , , , , , , , , ,
	Burtal 1/24/69 9/1+ (a)	AETRY OF CREMATORY 24D. LOCATION	(City, lower or caupty) (Stote)
	NOV 24 1969 The NAME OF A STATE O	25C. FUNERAL DIRECTOR	ADDRESS ADDRESS



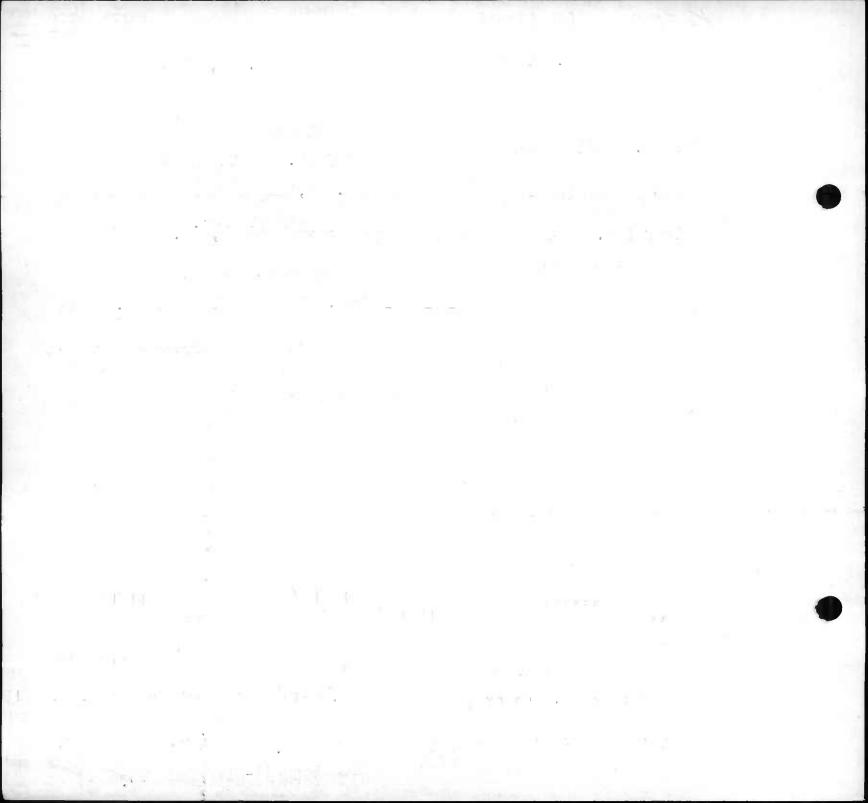
1-45	69	11582		Y HEALTH DEPARTMENT	Registered No.	69 11582			
M.E. CASE NO 1. NAME OF D (Type or Print)	DECEASED			2. DATE A	ND HOUR OF DEATH	20			
	PALLMUS,		a 9,		11-17-69	itution: residence before admission)			
3. PLACE OF	DEATH IN BALTIMORE, MA			A. STATE B. COU	NTY	12			
HOSPITAL C	OR oddress or tocotion		ive streel	C. CITY OR TOWN (If o	utside city limits, write RU	IRAL ond give township)			
Mary	land form	11-2:	(- 1	D. STREET ADDRESS (I	Rodgers Fo	orge			
	land teneral			326 GrENT					
5. SEX	6. RACE	WIDQWED,	NEVER MARRIED DIVORCED (specify)	07-17-89	9. AGE (In years lost birthdoy)	tf Under 1 Yr. tf Under 24 Hrs. Months Doys Hours Min,			
done during most	CCUPATION (Give kind of work of working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTI	11. BIRTHPLACE (Stote or for	eign country)	12, CITIZEN OF WHAT COUNTRY?			
13. FATHER'S N	IAME			14. MOTHER'S MAIDEN NA	AME				
	James Barra	tt		6mma	April Hay	nes			
15. Was Decea	sed Ever in U. S. Armed For	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
No				Mrs. Austin	A. Orendor	f 326 Overbrook			
18.	10 21		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH			
OTHER SI	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) ING CONDITION last. III GNIFICANT CONDITIONS C DEATH BUT NOT RELA	stating the ONTRIBUTING	3	A.S.H.D. C.O.P.D.					
	OF OPERATION 198. CON WAS PER	DITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or h	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?			
OR CONTI	DENT WAS UNDERLYING CAUSE OF Diffy medical examiner)	21 B. home	PLACE OF INJURY (e.g. e, form, foctory, street,	, in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)			
21D. TIME OF INJURY (APPROX.)			INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	,			
that Wi	22. I certify that (H) (this hospital) attended the deceased fram								
and hour		ed above. (I)	(We) (did) (did not)	view the body ofter death		23 B. DATE SIGNED			
226 100	Euron. Jacan	m mi	M.D. A	hys. Med. Director	Stoff Phys.	11-17-69			
PAM	TEAN M. JAC	KSON	M.I	23D. ADDRESS Maryland Jo	wirel Hope	ital med			
24A. BURIAL C	CREMATION, 24B. DATE	24C.NA	ME of CEMETERY of C	CREMATORY 24D.	LOCATION (City	, town, or county) (Stote)			
Bur	11/19	169 MC	reland Mer	norial Ta	ylor Ave B	Balto. Md			
VOV 24	1969 Red E.	aben, M				ome 6500 York			
VS 150-REV. 1	/1/65			1	4				



1	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH X REG. No. 69 11583
deatl cease on th	I NAME OF DECEASED (Type of Print) THOMPS P O Y LE Sr. 2. DATE AND HOUR OF DEATH 1 1 2 5 1 1 2 5 1 1 2 5 1 1 2 5 1 1 2 5 1 1 1 2 5 1 1 1 2 5 1 1 1 2 5 1 1 1 2 5 1 1 1 2 5 1 1 1 1
vuting cause of ed cause; (5) Dec ar attendance of prior to death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE B. COUNTY A. STATE B. COUNTY MARYLAND O. INSIDE CITY LIMITS? YES NO E. STREET AND NUMBER HOS Where deceased lived, If institution; residence before admission. O. INSIDE CITY LIMITS? YES NO E. STREET AND NUMBER HOS CHUMLEIGH RO
contrib termin regul	S. SEX MARKIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lost birthday) WIDOWED DIVORCED 7. MARRIED NOTE 100. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stoke of foreign country) 102. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stoke of foreign country)
or Under	CHEMICAL ENG Glass Phila. Pa. USA
direct di; (4) lith we on the dispo	Mary unknown
the the kin dec nce	(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. 214 01 4744 Mary J. Coyle 408 Chumleigh Rd.
ical examiner or his ascal examiner. Also, if ns; (3) A fracture of any ician who pronounced as in regular attenda ains are embalmed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenic, etc. If means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. APPROXIMATE/INTERVAL SETWEEN ONSE/INTERVAL SETWEEN ONSE/IN
a medicody burned be physician we the rem	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 121A. ACCIDENT WAS UNDERLYING 1 121B PLACE OF INTURY (c.g., in graphyll) C WHERE DID.
ital by e; (2) rhere No ph befor	OR CONTRIBUTINO CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? ELCJ OR CONTRIBUTINO CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? ELCJ OR CONTRIBUTINO CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
any (exc; and	OF INJURY (APPROX.) While At Work 22. I certify that (I) (this Hospital) attended the deceased from 19 g and that In(my) (our) apinion death accurred an the date
assed dent o ospite death must b	ond hour and from the couses stated above. (1) (WE) (did) (did-not) view the body after death. 23A. SIGNATURE
the body was rele shows: (1) An acci was D.O.A. at a h deceased prior to	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) Burial 11/20.69 Woodlawn Cemetery Woodlawn Md 25A. DATE REC'D BY HEALTH OFFE 25B. NAME OF ADDRESS ADDRESS ADDRESS
* 4 4 % ± =	NOV 24 1969 NOV 24 1969 NOV 25 1969 NOV 26 1969 NOV 2

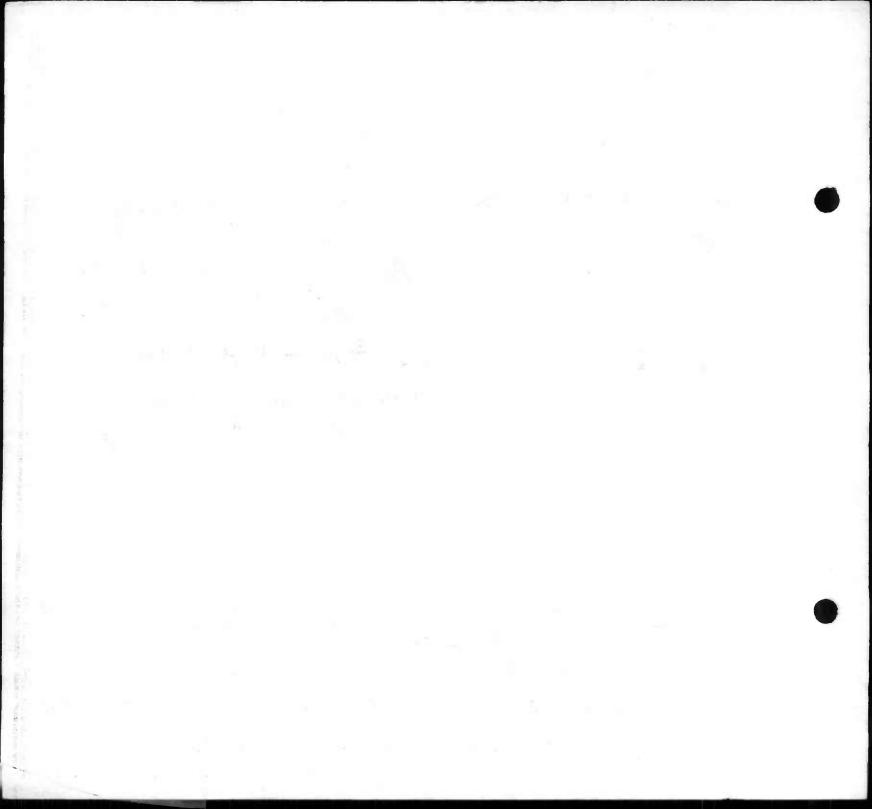


1 N	11 NO. THINO. TAME OF DECEASED 69 11584 CERTIFICA	TE OF DEATH REG. NO. 69 11584
(Тур	Mr. Firmadge King	Nov. 18, 1969
FU	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A, USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission A, STATE 8, COUNTY Maryland C, CITY OR TOWN D. INSIDE CITY LIMITS?
INS	207 St. Martins Road	Baltimore E. STREET AND NUMBER 207 St. Martins Road
5. S	MARKIED TIVEVER MARKIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs
.61	Male White WIDOWED DIVORCED	reb. 12,1000 81
done	e during most of working life, even if refired) Retired Ind. Engineer Royal Indenmi	11. BIRTHPLACE (State or loreign country) Annapolis Jct. Ty Howard County, Md. 14. MOTHER'S MAIDEN NAME
13.	PATHER 3 NAIVIE	14. MOTHER S MAIDEN NAME
15. (Ye:	Thomas Owen King Wos Deceased Ever in U. S. Armed Forces? s, no of unknown) (III yes, give war or doles of service) SECURITY NO.	Margaret Jane White 17. INFORMANT ADDRESS
	no 084-03-7633-A	Mrs. Firmadge King 207 Sta Martins
	heart foilure, ostheria, etc. It means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES (8)	A CONSEQUENCE OF: A CONSEQUENCE OF:
RTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19-A-DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of DEATH (notify medical examiner)	n or about 21 C. WHERE DID (If in Baltimore City, give exact location) fice bldg., INJURY OCCUR?
MEDI	21D. TIME (Month) (Doy) (Yeer) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not While Work At Work	
	22. I certify that (I) (this to proximal) of tended the deceased from that (I) (NAC) last saw the deceased alive an II / 18/	19 69 to 18 19 69
	and haur and fram the causes stated above. (1) (We) (did) (did not) v	nding Med. Stoff 11/20/69
		2 W. Universtiy Parkway Balto.Md.212
24A	BURIAL CREMATION, 248. DATE 24C, NAME of CEMETERY of CRE	MATORY 24D. LOCATION (City, town, or county) (State)



	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made.
FUNERAL DIREC	roved by the chief medical exame hospital by a medical exay nature; (2) Body burns; (3) Axcept where the physician warm (6) No physician was in ratained before the remains ar
	This certificate must be appured the body was released to the shows: (1) An accident of anywas D.O.A. at a hospital (expectased prior to death); a written approval must be ob-

-	P-601	0	00	4.4	-0"			EALTH DEPART		REG. NO.	69	11585
Bil	RTH NO.		69	11	585	CERTIFIC	:AT	E OF DE	ATH	REG. NO	30	11,000
	PAME OF DEC							2.	DATE AN	D HOUR OF DEATH		
'''	pe or Finns	TH	EL	HOW	rell	PARK	<		11/2.	1/69		12:45 P.M.
3.	PLACE IN BAL	TIMORE, M	ARYLAND, W	HERE PRO	NOUNCE	ED DEAD	1	L USUAL RESIDE		e deceased lived. If in	stitutions	residence before odmission)
FL HC IN	ILL NAME OF DSPITAL OR STITUTION	ADDR	T IN HOSPITA	AL OR IN	OITUTITE	N, GIVE STREET		MARYLA CITY OR TOWN	IND	D. INSI	DE CITY	LIMITS?
4	WNI	ON 1.	NEMO	RIAL	- 1	40 SPITAL		BALTI.			YES X	
5	SEX	14 BACE		-				3908	N.	CHARLE		57.
F	EMALE		ASIAN	WIDOV	VED X	DIVORCED	٦I.	10/6/19		9. AGE (In years last birthday)	If Und Manths	or 1 Yr. If Under 24 Hrs. Doys Hours Min.
10/	USUAL OCC	UPATION (G	ve kind of work	10B, KINE	OF BUS	INESS OR INDUST		BIRTHPLACE (SI	ole or forei	gn-country)	12. CIT	ZEN OF WHAT COUNTRY?
dor	HOUSE	-						PENN	SYL	VANIA		U.S.A.
13.	FATHER'S NA	ME					14	MOTHER'S MA				
L	_	-	n M			RY		KAT	E	RXXXXXXX	XXX	HOWELL
15. (Ye	Wos Deceased s,no or unknown	Ever in U.	S. Armed Force	es?	1 6. 5	SOCIAL SECURITY NO.	17	INFORMANT:	Dec t d			ADDRESS
	110					10-44-095		11.4				A
-	18. 2 /	211	1			CAUSE OF DE		E CHEI MC	J. Pal	rr - Warrin	gron	APTS . CITY
			DITION DIR	ECTLY				Eman T	· /	bot I	0	BETWEEN ONSET AND DEATH
	(This does n		TO DEATH	dvina		(A) IMMEDIATE C		angua	ne v	kart Far	line	
	heort failure.	asihenia, e	Ic. II means	the dise	150,			ON SEQUENCE OF				
	injury or com			death.)		Gas	18	in ali	118	· Caldre		
			NT CAUSES			(8)		00/1 01/2	- u		mac	-
	DISEASES O	obave	cause (A)	slaling	ing Ihe	(c)	AS A	CONSEQUENCE C)F:	la Cardro		Sp.
			1									
ERTIFICATION	OTHER SIGNIF	H BUT NOT I	RELATED TO TH	F TERMIN	lG AL						į	4
2	DISEASE OR CO	OPERATION C	19B CONE	I (A).	DR WHICH	OPERATION		20A. AUTOPSY? (Voc as Na)	200 15 756 11555 5		
ERTIF	2		WAS PERF	RMED	JK WING	I OFERATION		YES	res or 140/	208, IF YES, WERE FIN CERTIFYING CAU	SES OF	DEATH?
C	21A. ACCIDEN OR CONTRIBU	IT WAS UN	DERLYING USE OF		21B. PLAC	E OF INJURY (e.g.	office	obout 21 C. WHER	E DID	(il in Boltimore	City, giv	re exoct location)
ប៉	DEATH (natily	medicol exc	mined		alc.)					*		
	21 D. TIME OF INJURY	(Month) (Doy) (Year)			RY OCCURRED		21F. HOW	DID INJU	IRY OCCUR?		
×	(APPROX.)				While At Work	Not W				76		
	22. i certify	that (1) (th	ls hospital)	attende	d the de	ceased from,	Ma	VEMBER	/ 19	969 10 1/04	EMRI	R 2/ 19/69
	that () (we)	last saw t	he deceased	alive	n_N	OVEMBER		/ -				th occurred an the date
	and haur and	from the	causes state	d abave	. (W) (We	(did) (did/nat)		v the body after		. 170		
	23A. SIGNATU	RE	./ .								23B. DA	TE SIGNED
	lin	la ,	High	12	Knie	MID A	Hendi hys.	Med.	. D			EMBER 21, 1969
	23C. PHYSICIAL NAME (T)	N°S /pe)				DEGREE	23D	- ADDRESS				
	LINDA	1 141	CH DA	1116	5 1	4.0.	1	INION ME	MORIA	Abserras, :	33/4	CALVERT, BALTIMIAS,
24A	REMOVAL (S	MATION, 24	IB. DATE	240	NAME o	CEMETERY OF	EE					or county) (Stote)
	REMATIC			9	<u>Gre</u> er	Mount C	rei	natory	Bal	timore, Ma	rvla	nd
2SA	DATE REC'D		off)	SB. NAN	E OF REC	SISTRAR		25C, FUNERAL D	RECTOR			ADDRESS
L.	10V 2.5		16. Be, \$ E	Jaco	Se M.			SKEWART	& MO	VEN CO.108	W.No	rth Av.City 1



69 11586 BALTIMORE CITY HE	ALTH DEPARTMENT
D-500 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 69 11586
BIRTH NC.	REG. NO.
I. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy Year Hour
Florence Bowen	OF DEATH Estimoted
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF	PRONOUNCED DEAD 11 22 69 5:40 p.M
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
329 S. Gilmor St.	A. STATE Maryland B. COUNTY 1902
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS!
female white WIDOWED DIVORCED	Baltimore YES NO NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hrs.	E. STREET AND NUMBER
2-14-1926 lost birthdoy) 43 Months Doys Hours Min.	329 S. Gilmor St.
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Baltimore, MD WHAT COUNTRY?	George McConville
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	
done during most of working life, even ifretired) Koppers Brass Co	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	Margaret Sheffield 18. INFORMANT ADDRESS
	Trederick A Bowen 329 S Gilmon St
CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Dombitumete neigoning
LEADING TO DEATH (A)IMMEDIATE C (This does not mean the mode of dyling, e.g., DUE TO. OR	
heart tollure, osthento, etc. It means the disease,	AS A CONSEQUENCE OF:
Injury or complication which caused death.)	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
I I INDERLYING CONDITION LAST	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAY	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
	yes
22A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB. 228. PLACE OF INJURY(e.g., home, form, foctory, street, office	in or about 22C, WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB-	329 S. Gilmor St
22D. TIME (Month) (Dov) (Year) (Hour) 22E INJURY OCCURRED	22F. HOW DID IN HIPY OCCUP?
OF INJURY 11 22 69 ? WHILEAT NOT WORK AT W	WHILE Ingested overdose
23.	OKY ET LITECT OF CA
l certify that I held an Inquiry Inspection Au	
resulted from: Natural causes Accident Suicid	topsy 🗵 and that an this basis, death in my apinian
1000	topsy X and that an this basis, death in my apinian Hamicide Undetermined manner CHIEF MEDICAL EXAMINER
ACTUAL ULLS 10 SON	and that an this basis, death in my apinian Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED
ACTUAL SIGNATURE MUSICAL M.D. M.D.	opsy and that an this basis, death in my apinian Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER
ACTUAL SIGNATURE EXAMINER'S	and that an this basis, death in my apinian Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D. D	and that an this basis, death in my apinian Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER DEPuty Chief Medical Examiner 11/23/69
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D. 24A. BURLAL CREMATION, 24B. DATE REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	and that an this basis, death in my apinian Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY Chief Medical Examiner 11/23/69 ar CREMATORY 24D. LOCATION (City, town, or county) (Stote)
ACTUAL SIGNATURE M.D. M.D. EXAMINER'S NAME (Type) Werner U. Spitz, M.D. D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY Burial 11–26–1969 Baltimore Natio	and that an this basis, death in my apinian Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY Chief Medical Examiner 11/23/69 ar CREMATORY 24D. LOCATION (City, town, or county) (Stote) mal Cem Baltimore Md
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D. 24A. BURLAL CREMATION, 24B. DATE REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	and that an this basis, death in my apinian Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER DATE SIGNED ASSOCIATE MEDICAL EXAMINER DEPUTY Chief Medical Examiner 11/23/69 ar CREMATORY 24D. LOCATION (City, town, or county) (Stote) PORT CEM Baltimore Md 25C. FUNERAL DIRECTOR ADDRESS
ACTUAL SIGNATURE M.D. M.D. SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D. D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY Burial 11-26-1969 Baltimore Nation	and that an this basis, death in my apinian Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER DEPUTY Chief Medical Examiner 11/23/69 ar CREMATORY 24D. LOCATION (City, town, or county) (Stote) mal Cem Baltimore Md

Letter from Dr.Spitz--Vs177

1	D-200 69 11587 SEDILICATE OF DEATH REG. NO. 69 11587
DED OF	D-200 69 11587. CERTIFICATE OF DEATH REG. NO. 69 11587
death death eased n the Such	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
0 0 6	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission)
0 0 0 0	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET B. COUNTY
a ho ause e; (5 ndai	HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
in or in craus caus	E. STREET AND NUMBER
ed +ie	1214 James St. 1214 James St.
tribut mined gular sed p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months; Days Hours; Min.
occu ontri ermi regu regu	IDA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 17, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY
det det in ion	done during most of working life, even if retired) Land with at the stand Balturiose Med. M. S. A.
de Chu	13. FATHER'S NAME
disposition f disposition f disposition	Trederick Brady Miknown
nd nd	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.
sssiss f th y ki d do ance	18.// CAUSE OF DEATH LOUIS Darch Sor. APPROXIMATE INTERVAL
fan, fan, nced endo	DISEASE OR CONDITION DIRECTLY
Als Als atte	(A) IMMEDIATE CAUSE Myclardial Juferdia Sudder (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:
ctur ctur oron	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)
fra fra em	ANTECEDENT CAUSES (B) arterwelevolie Heart Deserve Yyears
×an ×an ×h ×h	DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stating the
ical e cal ey ns; (3) ician as in ains c	UNDERLYING CONDITION last. (C)
DE LS SE	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
ef med dy bu phy cian he re	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). DISEASE OR CONDITION GIVEN IN PART 1 (A). DISEASE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED
Boo thi	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
ral by e; (2) here to ph	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimore City, give exect location) or CONTRIBUTING CAUSE OF home, form, foctory, street, office bidg., INJURY OCCUR?
d K T P	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
hos naturept d (6) aine	OF INJURY (APPROX.) While At Not While At Work At Work
the iny rexc	22. I certify that (I) (this hospital) ottended the deceased from 1/1 19 56 to 1/24 19 69
of a following to the t	that (1) (we) last saw the deceased alive on 11/15 19.69 and that in(my) foot) opinion death occurred on the date
sed sed ent ent espite eat ust	and hour ond from the couses stated obove. (I) (We) (did) (did not), view the bady ofter deoth. 23A. 519NATURE
d d	July P aller & MA Attending Med. Staff 1/24/60
s rel	23C. PHISICIAN'S 23D. ADDRESS
This certificate the body was r shows: (1) An a was D.O.A. at deceased prior written approv	JOHN P. URLOCK IN MI) 1227 WING THE 13201
certification of the control of the	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
This control of the bost of th	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAN 25C. FUNERAL DIRECTOR APPRESS H
This the I show was dece	NOV 25 1969 Back & July 10 0 0 Solar & Eagen yolan Inc Holling
	VS 150-REV. 1/1/68



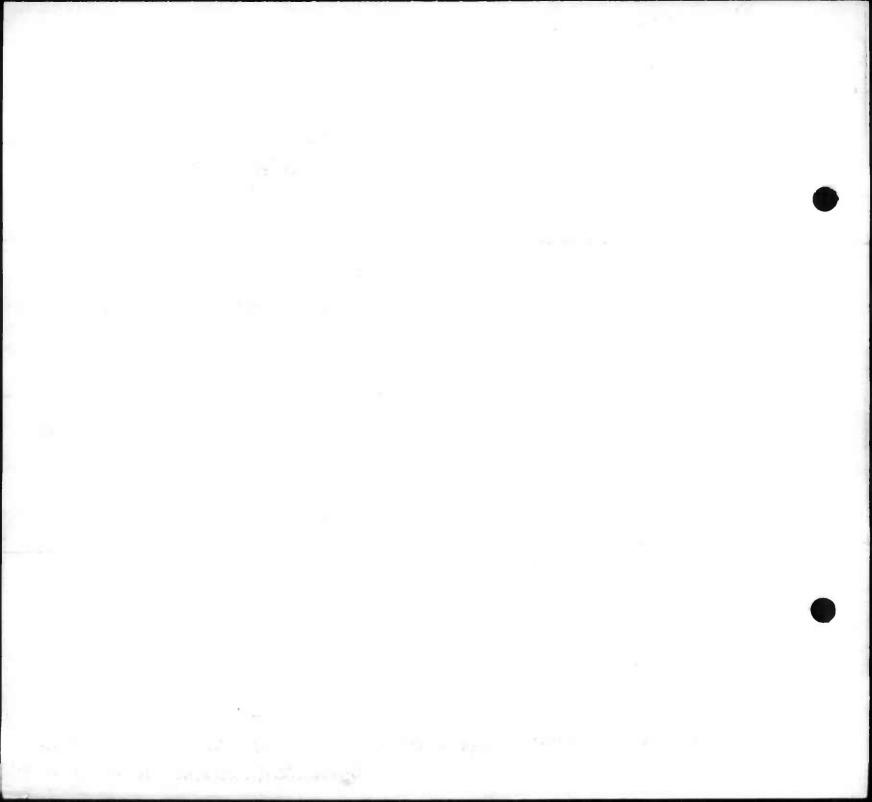
FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	M-425 69	11588		HEALTH DEPARTMENT	4	69 11588	2	
В	IRTH NO.	MULLIGH	CERTIFICA	TE OF DEATH	REG. NO	22000	,	
	NAME OF DECEASED	11 1	1	2. DATE A	ND HOUR OF DEATH			
	LAWRENCE		11GAV	November 23, 1969				
3.	PLACE IN BALTIMORE, MARYLAND	, WHERE PRONO	UNCED DEAD	November 23, 1969 M. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY				
F	ULL NAME OF (IF NOT IN HO	SPITAL OR INSTITU	UTION, GIVE STREET	Maryland // 06				
ii	OSPITAL OR ADDRESS OR L	DEATION)		C. CITY OR TOWN D. INSIDE CITY LIMITS?				
11	0 500			Baltimore YES NO □				
	Mercy Hosptial			E. STREET AND NUMBER				
5.	SEX 6. RACE	17		lll W. 27th. Street				
11.			NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost hirthdoy)	Months Doys Hours	24 Hrs. Min.	
	Male White A. USUAL OCCUPATION (Give kind of	WIDOWED		June 16, 1906	-			
da	ne during most of working lile, even if relin	id)	POSINESS OF INDOSIKI			12. CITIZEN OF WHAT C	OUNTRY?	
1	Taxi Driver			Baltimore, Man		U.S.A.		
11'3	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME			
	George Mulligan			Catherine Boy	d			
15. (Ye	. Was Deceased Ever in U. S. Armed es, no or unknown) (If yes, give war or	Forces? lotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	no		213-05-7601	Mrs. F. Christine Mulligan 111 W.27th. Street				
	18. CAUSE OF DEATH					APPROXIMATE IN	TERVAL	
	DISEASE OR CONDITION			P	1 8 1	BETWEEN ONSET AN	ID O EATH	
	(This does not meen the mode	tony Jaile	ure!					
	heart failure, asthenia, etc. Il me	ons the disease.	DUE TO, OR AS	A CONSEQUENCE OF:	0			
	injury or complication which cau		6	2 2	· D. All:	4		
	ANTECEDENT CAU		(B) Carci	noma of ga	gutos w	2/4		
	DISEASES OR CONDITIONS, rise to the obove couse (if any, giving A) sloting the	DUE TO, OR AS	A CONSEQUENCE OF:	1			
	UNDERLYING CONDITION lost.		(c) high	e netasta,	us to LIVE	K		
=	11		1					
ATIO	5 Oither significant conditions Contributing							
N S	DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 2004 AUTOPSYS (Yes of No.) 208. IF YES, WERE FINDINGS CONS							
CERTIFIC	2 WAS I	ERFORMED		726	IN CERTIFYING CAU	INDINGS CONSIDERED		
11	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B.	PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If In Boltimore	City, give exect lecetion)		
정	DEATH (notify medical examiner)	etc.)	a, form, foctory, street, off	ice bldg., INJURY OCCUR?		C V Selimina Control of		
E C	21D. TIME (Month) (Doy) (Ye	or) (Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	URY OCCUR?			
2	OF INJURY (APPROX)		e At Not While	1				
	22. I certify that (1) (this hospi	Work			/ 5	- h /	/	
				10	19 69 to 11		49	
li								
	and hour and from the causes stated abave. (1) (We) (did) (did nat) view the body ofter death.							
	MBISS Attending III Mad III Shift II							
	Director Phys. Director Phys. X							
	23C. PHYSICIAN'S NAME (Type) RANDHIS	R. Si	NHA. MBBS	3D. ADDRESS Mer	cy Hospita	1. Balt.	PIDA	
24/	What are the second of the sec					- 10-00	21 40 1	
	REMOVAL (Specily)		The state of the s			r, town, or county) (Stote)	
25	Burial 11/26		View Memorial		resville	Maryla	and	
11	N 25 1969	SELOCU M	REGISTRAR ()	25C, FUNERAL DIRECTOR	3	ADDRESS		
III.	150-REV. 1/1/68			Loring Byers	8728 Liberty	7 Road 21133		

- . S - S - S e e e respect to the second of the second of

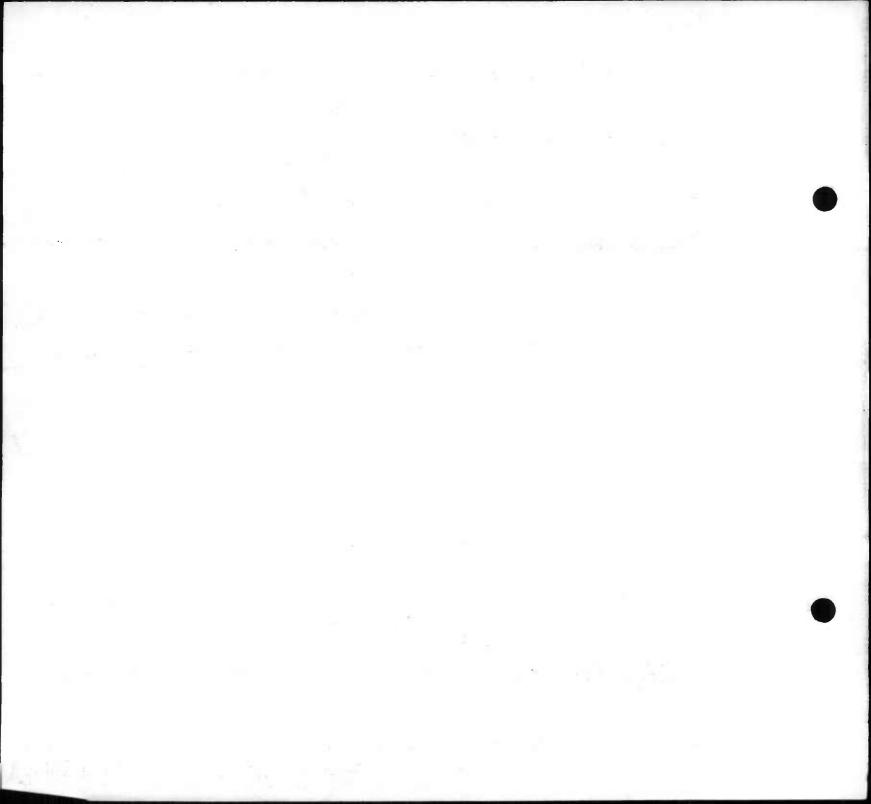
1	=-246	6			HEALTH DEPARTMENT		00 440	
BIR	TH NO.	69	11589	CERTIFICA	TE OF DEATH	REG. NO	69 11589	
1.1	AME OF DECE		-ENA			D HOUR OF DEATH	8.20 Pm	
3.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					e deceased lived, If in	stitution: residence before admission)	
ii HC	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) CHAH		TTION, GIVE STREET	C. CITY OR TOWN		DE CITY (IMITS?		
			E. STREET AND NUMBER 4164 Labyeurte Rd					
	35							
5. 9	f	. RACE W	WIDOWED		6/15/9900	9. AGE (In years last birthday) G 9 %	Il Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.	
don	USUAL OCCUP a during most of we	ATION (Give kind of work rking life, even if retired)	10B KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY	
	House wy				LITHUANI	A	USA	
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME				
		AHAM COL			Edite			
15. ' (Ye:	Was Deceased E s, no or unknown) (ver in U. S. Armed Fore	es? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	NO	1		220547930	Mr. acron E	fler	Some.	
	18.	2 M		CAUSE OF DEATI	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY							
	LEADING TO DEATH (This does not mean the made of dying, e.g., (A) IMMEDIATE CAUSE Multiple Cerebral Comboling.							
	heart failure, asthenia, etc. It means the disease,							
	injury or complication which caused deeth.)							
	DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A CONSEQUENCE OF:							
	DISEASES OR CONDITIONS, il any, giving ise to the abave cause (A) stating the UNDERLYING CONDITION lost.							
z		11	. 10					
TIO	TO THE DEATH	ANT CONDITIONS CON BUT NOT RELATED TO TH	E TERMINAL					
$\mathbf{\Sigma}$	19A. DATE OF C	PERATION 198 CON	I (A).	HICH OPERATION	20A. AUTOPST? (Yes or No)	20B, IF YES, WERE E	FINDINGS CONSIDERED	
RTIF	0	WAS PERF	ORMED		No	IN CERTIFYING CAL	JSES OF DEATH?	
CE	21A. ACCIDENT OR CONTRIBUTE DEATH (notify m	WAS UNDERLYING NG CAUSE OF edicol exominer)	21 B, home etc.)	PLACE OF INJURT (e.g., ir e, form, foctory, street, of	n or obout 21C. WHERE DID	(If In Bottimore	e City, give exact location)	
w I	21D. TIME (Month) (Doy) (Teor)	(Hour) 21E	INJURT OCCURRED	21F. HOW DID INJU	JRT OCCUR?		
٤	(APPROX.)		Whil	e At Not While	· 🗆			
	22. I certify th	at (1) (this hospital)		e deceased from 11		0 4- 11 3	2 1969. 19	
	that (I) (we) last saw the deceased alive an ill 22/64. 19 and that In(my) (aur) apinian death accurred an the date and hour and from the causes stated abave. (I) (We) (did) (did nat) view the bady after death.							
	23A. SIGNATURE				ew the body diret death.		23B DATE SIGNED	
		thorn.		V DL	nding Med.	Staff Phys.	11/22/61	
	23C. PHYSICIAN NAME (Typ	FIROZV	(DEGREE Phys	Director 1	rnys, tal	1	
24A	BURIAL CREM	ATION, 248, DATE		ME of CEMETERT OF CRE	MATORT 24D. LO	CATION ICI	y, town, or county) (Stote)	
	REMOVAL ISPA	11/23/		nogen also		2 0-1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
25 A	DATE REC'D B	~	25B NAME O	· V T T	25C. FUNERAL DIRECTOR	sells	ADDRESS	
N	OV 25 19	69 John E.	Far Ben ?	(89 0 0	Soplan Led	is a Son, WC	9610 Restistant	
VS	150-REV. 1/1/68			22.7				



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

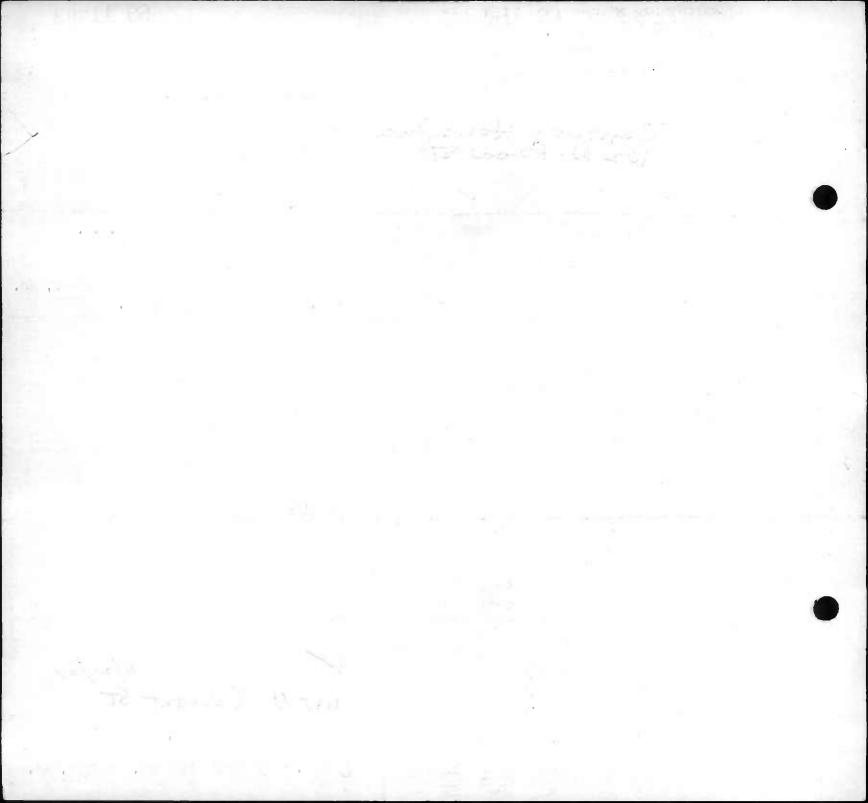
0-455 69 11590 BALTIMORE CIT	Y HEALTH DEPARTMENT 69 11590							
CERTIFICA	ATE OF DEATH REG. NO. 03 11390							
BIRTH NO.								
(Type or Print) 13e H V C LLEASE AZN	2. OATE AND HOUR OF DEATH							
3. PLACE IN BALTIMORE, MARYLANO, WHERE PRONOUNCEO DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)							
FILL NAME OF ALL NOT IN HOSE	A. STATE & COUNTY							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR A OORESS OR LOCATION)	C. CITY OR TOWN							
	C. CITY OR TOWN D. INSIDE CITY LIMITS? YES D NO							
SINA Hospital OS Balto.	E. STREET AND NUMBER							
TK	Apt 702 Concorde House W. Behedre							
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. OATE OF BIRTH 9. AGE (In years Il Under 1 Yr., Il Under 24 Hrs. Months; Doys; Hours; Min.							
F WIDOWED DIVORCED □	3/10/94 75							
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INOUSTRY done during most of working life, even if refired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
Houseune	Aximany USa							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Parling	Rose							
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or doles of service) SECURITY NO.	17. INFORMANT A ODRESS							
(Yes, no of unknown) (II yes, give wor or dotes of service) SECURITY NO.	11 (1 2 2 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
18. / L CAUSE OF DEAT	Henry Culman 802 Hopewood Kol							
77.7100	BETWEEN ONSET AND DEATH							
LEADING TO DEATH	enteric thrombosis 48 hours							
This does not meon the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,	A CONSEQUENCE OF:							
injury of Camplication which caused death.)								
ANTECEDENT CAUSES								
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:							
inse to the above cause (A) stating the								
UNDERLYING CONDITION (ast. (C)								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 121A. ACCIOENT WAS UNDERLYING 1 (21B. PLACE OF INTURY (C.C.).	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
	700							
OR CONTRIBUTING CAUSE OF	in or about 21 C. WHERE OLO (If in Boltimora City, give exact location)							
DEATH (notify modical examined)								
DEATH (notify modical examines) O 210-TIME (Month) (Ooy) (Year) (Hour) OF INJURY While At The Not While A	21F. HOW DID INJURY OCCUR?							
(APPROX.) While At Not While At Work	le 🔲 📗							
22. I certify that((1) (this hospital) attended the deceased fram	11/20 19 64 to 11/21 19 65							
that (1) (we) last saw the deceased alive on 1/21	19 66 and that In(my) (our) opinion death occurred on the date							
and hour and from the causes stated above. (1) We (did) (did not) view the body after death.								
23A. SIGNATURE 23B. DATE SIGNED								
State of the state								
23 C. PHYSICIAN'S								
NAME (Typ6)								
DEGREE 24A. BURIAL CREMATION, 24B. OATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)								
REMOVAL (Specify)								
254 DATE REC'D ANHEALTH OFFT. 258 NAME OF REGISTRAR	10-00-00-00-00-00-00-00-00-00-00-00-00-0							
NOV 25 1969 Calcal & Margan 160, 3	25G-FUNERAL DIRECTOR ADORESS GLO BELLEVILLENCE GLO BELLEVILLE GLO BEL							
VC 150 05V 1/1/6	Di a l'agreed de							



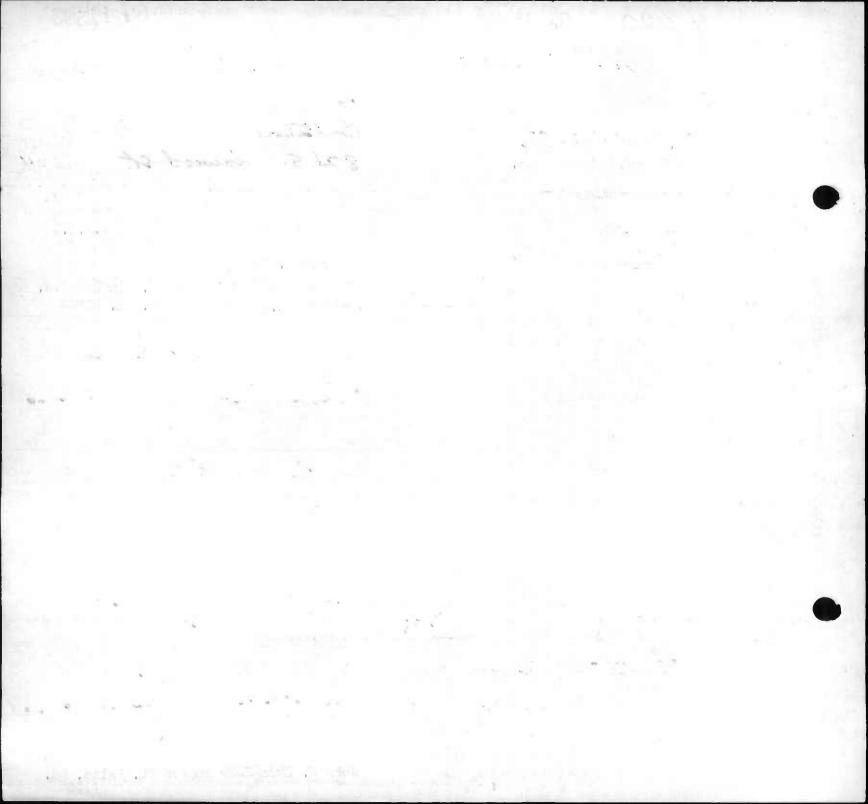
1	M-2/6 69 11591 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH X REG. NO. 69 11591
Su + Su	1. NAME OF DECEASED (TYPHOGATE ERO, GIOVANNI FRANK NOVEMBER 24, 1969 6:45A M.
2 0 D 0 H	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
car Se;	HOSPITAL OR ADDRESS OR LOCATION) WARYLAND BALTIMORE COUNTY C. CITY OR TOWN BALTIMORE YES NO (())
	ST AGNES HOSPITAL E. STREET AND NUMBER
butined lar	2927 HAMMONDS FERRY ROAD
occurred ontributi regular regular ased pr	MALE WHITE WIDOWED DIVORCED 11 04 92
or condete	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) CARPENTER SCHOTT CONSTRUCTION TALY
S. D. C. C.	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
5 4 2	UNKNOWN UNKNOWN
kind; kind; death ce on	15. Wos Deceased Ever in U. S. Armed Forces? (Yos, no or unknown) (If yes, give wer or dates of service) NO 16. SOCIAL SECURITY NO. 17. INFORMANT BALTIMORE MD 21229
13 4 A D F F	TIS-01-3030 ST AGNES HOSPITA L WILKENS & CATON AVI
Also, if re of any nounced attenda	CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Also e of noun atte	LEADING TO DEATH
2 - 2 6 - 5	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)
E.E. 2 3 E.	ANTECEDENT CAUSES
Le A Pa	DISEASES OR CONDITIONS, if any, giving Oue TO, OR AS A CONSEQUENCE OF:
00 E.E.	nise to the above cause (AI stating the UNDERLYING CONDITION last, (C)
burns; burns; hysicia n was remain	
med by phy an	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I OTHE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITION SIVEN IN PART 1 (A).
sici	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 208. AUTOPSY? (Yes or No) YES 178. ACCIDENT WAS UNDERLYING 1.218. PLACE OF INVITED OF CONTRIBUTION CAUSES OF DEATH?
tal by b; (2) B here t No phy before	OR CONTENENTIAL COLOR OF CASE OF THE OR OF THE
pital b re; (2) where No pl d befo	G DEATH (nohly medical examine) olc.
16.00 at 10.00 at 10.	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work At Work
0 7 2 5 5	Work At Work
to the stany all (exch); and be obt	22. I certify that (1) (this haspital) attended the deceased from NOVEMBER 20, 19 69 to NOVEMBER 24, 19 69
2 2 2 E E	that M) (we) last sow the deceased olive on NOVEMBER 24, 1969 and that in (M) (our) opinion death occurred on the date and hour and from the causes stated above. (M) (We) (did) (d/d/m/x) view the bady after death.
eased tident of hospital	23A. SIGNATURE
9 5 2 5 9	A. Shand, u. D. Attending Med. Director Director 11/24/69
An a for prior	23D. ADDRESS RAITIMODEMD 21220
y was r (1) An a 2.A. at e d prior approv	A. STAMIS, MU DEGREE ST AGNES HOSPITAL WILKENS & CATON AVE
S: (C)	REMOVAL (Specify) Pure 2 1 11 20 CO 25-1 11 25 COMPANY (Slote)
the body shows: (1) was D.O.A deceased written ap	254 DATE BECO BY HEALTH DEAT LOCAL MANAGE OF THE PROPERTY LOCAL MANAGE OF
-∓ ₩ 3 ± 3	NOV 25 1969 Cook 2 November 1 1968 Howard H. Hubbard 4107 Wilkens Ave. 21229

DE LEVELLE DE LINCOL LE TRE L'

		11.11	27 69	1159	BALTIMORE CITY	HEALTH DEPARTMENT		69 11592
	RIDI	TH NO.	S.	TIOU	CERTIFICA	TE OF DEATH	REG. NO	30 11,000
	1, N (Typ	AME OF DECI	EASED MATY ME	Alkus HERE PRONOI) S UNCED DEAD	11	HOUR OF DEATH	stitution: residence before odmission)
	HO	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET		Baltimore (DE CITY LIMITS?
	INS	C	enturu	140	ma Inc.	Dundalk	D. 114511	YES NO NO
<u>.</u>	7	01	or N. F	aca) डारे	1801 Walnut	Amenue	
made		Female	White	WIDOWED	DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Tion is			JPATION (Give kind of work working lile, even if retired)	10 8. KIND OF	BUSINESS OR INDUSTRY	Maryland	ign country)	U.S.A.
disposition	13.	FATHER'S NAM	John Ome:	ls		14. MOTHER'S MAIDEN NA Barbara		
0	15. \ (Yes	Was Deceased s,gg or unknown)	Ever in U. S. Armed For (If yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT SOM		ADWAdalk, Md.
T I		No			220-229477	John H. Maul	1801 Walnut	
med or		(This does n	GE OR CONDITION DII LEADING TO DEATH not mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	Codes an	10,2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
em bal		injury or com	oslhenio, etc. II means plicolion which coused ANTECEDENT CAUSES	death.)	(B) A S. (de la companya dela companya dela companya dela companya de la com	?
ns are		rise lo lhe	OR CONDITIONS, if above couse (A) CONDITION last.		(C)	A CONSEQUENCE OF:		
remains	ATION	TO THE DEAT	II ICANT CONDITION 5 CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	HE TERMINAL				
ore the	RTIFIC/		OPERATION 198. CON WAS PER	DITION FOR Y	WHICH OPERATION	20 A. AUTOPSY? (Yes or N	20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
bet	CAL CE	OR CONTRIBU	NT WAS UNDERLYING DITING CAUSE OF medical examiner	21 B hom etc.	ne, form, foctory, street, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimore	e City, give exact location)
ained	MED	21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED ile At Not White rk At Work		JURY OCCUR?	/
opto			that (1) (this hospita		10	1 / 1.	1969 ta 11/	70 1969,
pe			lost sow the decease		/		natin(my) (aur) 9/611	nian death accurred an the date
II must		23A. SIGNATU	7	Blu		nding Med.	Staff Phys.	23B, DATE SIGNED.
approval		23C. PHYSICIA NAME 17		S.		III N	CALVER	- ST.
ritten ap	24A	REMOVAL (S	Specify)	-	ame of CEMETERY of CRE	MATORY 24D. 1	Baltimore,	maryland (Stote)
W.		MOY 25	BY HEALTH DEPT. 1969 Tabase &		DE REGISTRAR	Ohr J. Duda		Ave. Dundalka Md.
	VS	150-REV. 1/1/6	6 B					



(Ту	pe or Print)	EASED Ruth P.	Harris	15	2. DATE AN			9 35
3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUNC	CED DEAD	4. USUAL RESIDENCE (Where	deceased lived	d. If institution:	
EI	III NAME OF	/IE NOT IN HOSPIT	AL OR INSTITUTE	ON CIVE STREET	Marshard	11		101
HIN	JLL NAME OF OSPITAL OR STITUTION				C. CITY OR TOWN	D	INSIDE CITY I	
1	M+ 84	nai Nursing H	omo Home		E. STREET AND NUMBER		YES 🔨	NO 🗌
17			Ave.			enwoo	of ch	2/2
5.	SEX	6. RACE		NEVER MARRIED	P DATE OF BIRTH	AGE (In wood	If Und	er 1 Yr. , If Unde
]	Female	Whate	WIDOWED	DIVORCED [12/9/91	ost birthday	Months	Doys Hours
		UPATION (Give kind of work working life, even if retired)	108. KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Stote or loreig	gn country)	12. CIT	IZEN OF WHAT
	Hous	sewife			Virginia	8		U.S.A.
13.	FATHER'S NA		,		14. MOTHER'S MAIDEN NAM			
	Chai	cles Pugh			Lucy J. Bai	-		
15. (Ye	Wos Deceosed	(If yes, give wor or dote	ces? 16.	SOCIAL SECURITY NO.	17. INFORMANT HUSDAY	id: 8	321 S. L	vA Beemi
	No		22	29-05-9118	Frederick W. Ha	rris E	Balto. Me	d. 21224
	DISEASES rise to the	nplicotion which caused ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A)	any, giving	(8)	Aconsequence of: Acconsequence of:			yes
ICATION	DISEASES of the UNDERLYIN OTHER SIGNI TO THE DEA	nplicolian which caused ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) G CONDITION lost. II FICANT CONDITIONS CO TH BUT NOT RELATED TO TE CONDITION GIVEN IN PAF F OPERATION 1198. CON	any, giving sloting the NTRIBUTING HE TERMINAL RT. (A).	(B)	Arterioscle	ellit	tus Were finding	3es S CONSIDERED
	DISEASES of the UNDERLYIN OTHER SIGNI TO THE DEA	nplicolian which caused ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) G CONDITION lost.	any, giving sloting the NTRIBUTING HE TERMINAL RT. (A).	(B)	Arteriosele A CONSEQUENCE OF: Dealetos m	ellit	WERE FINDING G CAUSES OF	S CONSIDERED DEATH?
AL CERTIFIC	DISEASES of the UN DERLYIN OTHER SIGNI TO THE DEA DISEASE OR (19A. DATE OF CONTRIB DEATH (notification)	nplicolian which caused ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) G CONDITION lost. II FICANT CONDITIONS CO TH BUT NOT RELATED TO TE CONDITION GIVEN IN PAF F OPERATION 1198. CON	any, giving stoling the NTRIBUTING HE TERMINAL RT 1 (A).	(B)	Arteriosele A CONSEQUENCE OF: Dealetos m	ellit 208. IF YES, IN CERTIFYING	G CAUSES OF	S CONSIDERED DEATH?
CAL CERTIFIC	DISEASES rise to th UN DERLYIN OTHER SIGNI TO THE DEA DISEASE OR (19A. DATE OF	ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) G CONDITION lost. II FICANT CONDITIONS CO TH BUT NOT RELATED TO TECONDITION GIVEN IN PART F OPERATION 1985. CON WAS PERION 1985. CON WAS PERION UNDERLYING COUSE	any, giving sloting the NTRIBUTING HE TERMINAL IT I (A). DITION FOR WHI FORMED 21B, PL/home, (etc.)	(B)	Anterioscle A CONSEQUENCE OF: Dealeto m 20 A. AUTOPSY? (Yes or No) 120 A. AUTOPSY? (Yes or No) 121 C. WHERE DID 11 INJURY OCCUR? 21 F. HOW DID INJU	20B. IF YES, VIN CERTIFYING	G CAUSES OF	DEATH?
AL CERTIFIC	DISEASES rise to th UN DERLYIN OTHER SIGNI TO THE DEA DISEASE OR (19A. DATE OF	ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) G CONDITION lost. II FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 19B. CON WAS PERI INT WAS UNDERLYING UTING CAUSE OF y medical examiner)	any, giving sloting the NIRIBUTING HE TERMINAL RIT (A). IDITION FOR WHI FORMED 218, PLA home, (etc.)	(B)	Anteriosele A CONSEQUENCE OF: Dealeto m 20 A. AUTOPSY? (Yes or No) n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	20B. IF YES, VIN CERTIFYING	G CAUSES OF	DEATH?
CAL CERTIFIC	DISEASES (ise to the UN DERLYIN OTHER SIGNITO THE DEADISEASE OR CONTRIBUTED OR CONTRIBUTED OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) G CONDITION lost. II FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 19B. CON WAS PERI INT WAS UNDERLYING UTING CAUSE OF y medical examiner)	any, giving sloting the NTRIBUTING HE TERMINAL RT (A). IDITION FOR WHI FORMED 218. PL/home, (etc.) (Hour) 21E. IN. While Work	(B)	Arteriosele A CONSEQUENCE OF: Dealeto m 20 A. AUTOPSY? (Yes or No.) NO n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR? 21 F. HOW DID INJURY	208. IF YES, VIN CERTIFYING (If in Bo	G CAUSES OF	ve exoct locotion
CAL CERTIFIC	DISEASES rise to the UN DERLYIN OTHER SIGNI TO THE DEADISEASE OR CONTRIBUTE OR CONTRIBUTE OF INJURY (APPROX.) 21. L certify that (1) (were	ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) G CONDITION lost. II FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 1998. CON WAS PERI UTING CAUSE OF The medical exominer That (1) (this hospital That saw the decease	any, giving sloting the Stoling the Stolin	(B)	Anteriosele A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No) In or obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY 1969 and the	208. IF YES, VIN CERTIFYING (If in Bo	G CAUSES OF	ve exoct locotion
CAL CERTIFIC	DISEASES rise to the UN DERLYIN OTHER SIGNI TO THE DEADISEASE OR CONTRIBUTE OR CONTRIBUTE OF INJURY (APPROX.) 21. A. CCIDE OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (1) (we and haur and h	ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) G CONDITION lost. FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION PAR TO CAUSE OF The medical exominer (Month) (Doy) (Year) That (1) (this hospital) That saw the decease The causes stated the cause stated the causes stated the cause stated the c	any, giving sloting the Stoling the Stolin	(B)	Arteriosele A CONSEQUENCE OF: Dealeto m 20 A. AUTOPSY? (Yes or No.) NO n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR? 21 F. HOW DID INJURY	208. IF YES, VIN CERTIFYING (If in Bo	G CAUSES OF	ve exoct locotion)
CAL CERTIFIC	DISEASES rise to the UN DERLYIN OTHER SIGNI TO THE DEADISEASE OR CONTRIBUTE OR CONTRIBUTE OF INJURY (APPROX.) 21. L certify that (1) (were	ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) G CONDITION lost. FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION PAR TO CAUSE OF The medical exominer (Month) (Doy) (Year) That (1) (this hospital) That saw the decease The causes stated the cause stated the causes stated the cause stated the c	any, giving sloting the Stoling the Stolin	(B)	Anteriosele A CONSEQUENCE OF: Diahete 120A. AUTOPSY? (Yes or No) In or obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY 1969 and the liew the bady after death.	208. IF YES, VIN CERTIFYING (If in Bo	G CAUSES OF	ve exoct locotion
CAL CERTIFIC	DISEASES rise to the UN DERLYIN OTHER SIGNI TO THE DEADISEASE OR (19A. DATE OF CONTRIBE DEATH (notify (APPROX.) 21. L certify that (1) (we and haur and 23A. SIGNATI	ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION lost. FICANT CONDITIONS CO TH BUT NOT RELATED TO TE CONDITION GIVEN IN PT CONDITION GIVEN IN PT OPERATION 1998. CON WAS PER INT WAS UNDERLYING UTING CAUSE OF y medicol exominer (Month) (Doy) (Yeor) that (1) (this hospital) last saw the decease d fram the causes statute.	any, giving sloting the Stoling the Stolin	(B)	Anteriosele A CONSEQUENCE OF: Dealeto m 20 A. AUTOPSY? (Yes or No.) NO 120 A. AUTOPSY? (Yes or No.) 121 F. HOW DID INJURY OCCUR? 21 F. HOW DID INJURY occur? 19 6 7 and the liew the bady after death. Inding Med. Director	20B. IF YES, VIN CERTIFYING (If in Bo	G CAUSES OF	ve exoct locotion)
CAL CERTIFIC	DISEASES rise to the UN DERLYIN OTHER SIGNITO THE DEADISEASE OR CONTRIBUTE OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (1) (we and haur on 23A. SIGNATIVAME (23C. PHYSICIA NAME	ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) of CONDITION lost. II FICANT CONDITION S CONTINUED TO TO THE CONDITION GIVEN IN PART OF PERATION (Month) (Doy) (Year) That (1) (this hospital lost saw the decease of from the causes statuted from the causes statuted from the causes statuted in the cause statuted in th	any, giving stoling the NTRIBUTING HE TERMINAL IT I (A). IDITION FOR WHI FORMED 21B, PL/home, etc.) (Hour) 21E. IN. White Work I) attended the ced alive an ted above. (I) (Y	(B)	Anteriosele A CONSEQUENCE OF: Dealeto m 20 A. AUTOPSY? (Yes or No.) 20 A. AUTOPSY? (Yes or No.) 12 A. HOW DID INJURY OCCUR? 21 F. HOW DID INJURY 22 D. ADDRESS	208. IF YES, VIN CERTIFYING (If in Bo	G CAUSES OF	ve exoct locotion)
MEDICAL CERTIFIC	DISEASES rise to the UN DERLYIN OTHER SIGNI TO THE DEADISEASE OR (19A. DATE OF CONTRIBED DEATH (notification) (Approx.) 21A. ACCIDE OR CONTRIBUTED OF INJURY (APPROX.) 22. I certify that (I) (we and haur and	ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) or CONDITION to state of the couse (A) or CONDITION to state of the condition of the c	any, giving sloting the Stoling the Stolin	(B)	Anteriosele A CONSEQUENCE OF: Dealetes m 20 A. AUTOPSY? (Yes or No) In or obout 21 C. WHERE DID Fice bidg., INJURY OCCUR? 21 F. HOW DID INJURY 21 F. HOW DID INJURY 19 6 9 and the iew the bady after death. Inding Med. Director 23 D. ADDRESS 200W, College	208. IF YES, VIN CERTIFYING (If in Bo	G CAUSES OF	DEATH? Ive exoct locotion 2 7 19 ath accurred an ATE SIGNED 2 2 6
MEDICAL CERTIFIC	DISEASES rise to the UN DERLYIN OTHER SIGNITO THE DEADISEASE OR CONTRIBUTE OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (1) (we and haur on 23A. SIGNATIVAME (23C. PHYSICIA NAME	ANTECEDENT CAUSES OR CONDITIONS, ile above couse (A) G CONDITION lost. II FICANT CONDITIONS CO TH BUT NOT RELATED TO T: CONDITION GIVEN IN PAR F OPERATION 19PB. CON WAS PER! INT WAS UNDERLYING UTING CAUSE OF y medical examines) (Month) (Day) (Year) That (1) (this hospital lost saw the decease of from the causes state of the couse state of the cause of the cause of the cause state of the cause state of the cause of t	any, giving sloting the NTRIBUTING HE TERMINAL RI I (A). IT I (A). (Hour) 21E. IN. White Work T) attended the ced alive an	(B)	Anteriosele A CONSEQUENCE OF: Dealets 20A. AUTOPSY? (Yes or No) In or obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY e 1969 and the iew the bady after death. Inding Med. Director 23D. ADDRESS 24D. LC	208. IF YES, IN CERTIFYING (If in Both in (my) (author) Shoff Phys. DEATION	G CAUSES OF oltimore City, gi a apinian dec	or county)



55-79-58 db1		1 -0	0		BALTIMORE CIT	Y HEALTH DEPARTMEN	OT V			
	1	4-52	65	1159	4 CERTIFICA	TE OF DEAT	REG.	$_{NO}$ 6	9 115	594
and sath ised the	BIF	TH NO.	A CED		CERTIFICA	VIE OF DEAT	Н			
- 4 - 07	(Ту	pe or Printl	Ti e			2. DA	TE AND HOUR OF	DEATH		30
hospitol ise of c (5) Dece ance or death.	3.	PLACE IN BALT	Samuel Amos	WHERE PRONC	UNCED DEAD	4. USUAL RESIDENCE	11/22/6	5 9	1.7	P M.
hospito ise of (5) Dec ance o death.	Ш					A. STATE 8.	COUNTY	ed. It institutio	n: residence	before admission
hos use ; (5) danc	HO	LL NAME OF	(IF NOT IN HOSI ADDRESS OR LO	TTAL OR INSTIT	TUTION, GIVE STREET	Maryland.	Baltimore		_ 5	300
D 0 0 E 0	1117	MOITUTIES	BALTIMORE			C. CITY OF TOWN Dundalk		D. INSIDE CIT	_	
ing course	H	31	4940 Ea st	ern Aver	nue	E. STREET AND NUM	RED	YES	L N	10 🖪
TO.= L.		1	Baltimore,	Maryland	1 21224	8105 Roseba		21222	005	
ibut ined ined p	5. 5	EX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yes			If Under 24 Her
occurre ontribut ermined regular posed p	11	Male	White	WIDOWED	DIVORCED T	4-10-85	lost birthdoyl	Mont	nder 1 Tr. ths Doys H	If Under 24 Hrs. lours Min.
	10A	USUAL OCCU	PATION (Give kind of wo	ork 108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	or foreign country)	112, 0	ITIZEN OF W	VHAT COUNTRY?
off in deed	10011	Retired	Carpente	, ,			•			
de de constitution de constitu	13.	FATHER'S NAM				Virginia 14. MOTHER'S MAIDEN	I NI AAAE		USA	
if death riect or c (4) Under or c was in was in the deadsisposition	-	На	aggerty Amo:							
					16. SOCIAL	Frances 17. INFORMANT	Snip			
TAP istoristor he d kind kind deat	(Tes	No or unknown!	er in U. S. Armed F Of yes, give wor or do	tes of service)	SECURITY NO.		4940 E	astern A	ADDRES	
OR of the tribute of					213-07-3385	BCH-Records	Baltim	ore, Mar	rylad	21224
S P P P P P P P P P P P P P P P P P P P		18. PISEASI	X		CAUSE OF DEAT	Н			APPROXI	MATE INTERVAL
or his Also, e of a nounc atten		DISEASE	OR CONDITION E	HECTLY		1			/	
0 7 2 2 0 5		(This does no	I mean the mode o	l dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	nessa	Cd	(day
C 2 2 2 2 2 2 2		injury or comp	sthenia, etc. It meon lication which couse	s the disease, d death.)						
		A	NTECEDENT CAUSE	S		51				/
xam cam A fi who reg		DISEASES OF	CONDITIONS, if	ony, giving	(B)	A CONSEQUENCE OF:	*********************			************************
₩ • • • • • • • • • • • • • • • • • • •		nse to the	abave cause IA	slaling the					1	
L DIR! dical e, ical e, rns; (3) sician vas in			11		(c)					
A Significant	No.	OTHER SIGNIFIC	ANT CONDITIONS CO	ONTRIBUTING						
FUNERAL by a medi by a medi 2) Body bur re the phys physician w	A E	IO THE DEATH DISEASE OR CO	BUT NOT RELATED TO	THE TERMINAL	************************					
The sold of the	CERTIFIC	19A DATE OF	PERATION 198 CO	NDITION FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yes	or No) 208. IF YES,	WERE FINDING	GS CONSIDE	RED
5 4 2 4 5 5		11/20	167 00	solder.		1/19	1	IG CAUSES O	P DEATH?	
	11 1	OR CONTRIBUT	WAS UNDERLYING	218.	PLACE OF INJURY (e.g., ir	or about 21 C. WHERE DI	D (If In 8	Soltimore City,	give exoct loca	otton)
by the pital representation of	100		nedicol exominer	etc.						
485-20	1 5	OF INJURY	Monthl (Doy) (Teor		INJURY OCCURRED	21 F. HOW DID	INJURT OCCUR?			
Q. Q		(APPROX)	~	Wol		· 🗆 / 📗		/		40
		22. Certify t	hat (1) (this hospita	l) attended t	ne deceased from	11/14/	19 6.9 to	// / 100	7 2	1967
B 2 4 - C 8			ost sow the deceas		11/22	19 8 9 an	d that In (my) (au	r) apinian de	oth occurre	
ust be a ased t dent of ospital death) must b		and hour and	from the causes sta	ted above. (I	(We) (did) (did not) vi	ew the bady ofter dea	ith.			
leased (ident o hospita		3A. SIGNATUR	. 111	7	2 / 1			23B, D	ATE SIGNED	
must eleas ccide a hos to de		WIII	Mad	barnel	After Phys.	Med.	Shaff Phys.	/	1/2.	2/69
		3C. PHTSICIAN NAME (Typ	s e			3D. ADDRESS		. (100	-/0/
This certificate the body was reshows: (1) An awas D.O.A. at a deceased prior written approv		Willia	m Mac Donald	1	MD. DEGREE	4940 Ea	astern Aven	ue	0.4	
# ZOO B B	24A.	BURIAL CREM REMOVAL (Sp.	ATION, 248, DATE	24C. NA	ME of CEMETERT OF CRE		ore, Maryla	(City, town,		(Stotel
certi body 7s: (1 D.O.		Burial	11/26	10.	Air Memorial					(0.010)
This cert the body shows: (I was D.O. deceased	25A.		Y HEALTH DEPT.	25B NAME O	E REGISTRAR	25C. FUNERAL DIREC	TOR ALL	, Maryla	ADDRE	
まれるまます	NO	V 25 196	9 Thobast E.	aber M.	3. 7	John J. Dud	a 7922 Wie	e Ave. 1		
	V5 1	50-REV, 1/1/68		Engary.		100000	- 1/22 HID	O WAGE 1	Janain	y sice with

60-. 21 Control of the Control

BIRTH NO. T. NAME OF DECEASED (Type of Pinn) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. STATE B. COUNTY OF DEATH (Type of Pinn) (A. STATE B. COUNTY OF DEATH (CITY OR TOWN) (CITY OR TOWN	69 11595
S. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE S. COUNTING A. STATE S. COUNTING C. CITY, CORTOWN D. INSIDE S. EX S. PATE S. PATE S. COUNTING D. INSIDE S. EX S. PATE S. P	
FULL NAME OF HIS NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR HOSPI	19,
ADDRESS OR LOCATION Charles Sureval City, Or Town D. INSIDE	
Salfmare	
E. STREET AND NUMBER Foodleydy Foodl	ES NO
Index Inde	ed 283
DIVORCED 3-11-95 DIVORCED DIVOR	f Under 1 Yr. , If Under 24
IDAL USUAL OCCUPATION (Give kind of work) los. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Md. Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U, S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) To CAUSE OF DEATH 16. SOCIAL 17. INFORMANT 17. INFORMANT 18.	onths Days Hours M
House Wife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL (Tes, no or unknown) (If yes, give wor or dates of service) 17. INFORMANT Edith Zerrlaut (Daughter (4) CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or camplicolian which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving isse to the abave cause (A) stating the UNDERLYING CONDITION tost. UNDERLYING CONDITION (S) (S) stating the UNDERLYING CONDITION FOR WHICH OPERATION OTHER SIGNIFICANT CONDITION (S)	2. CITIZEN OF WHAT COU
Thomas Wolfe 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL 17. INFORMANT Edith Zerrlaut (Daughter (4) 18.	USA
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) NO 18.	
13. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) NO 18.	
18.	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl failure, asthenio, etc. It meons the disease, injury ar camplicolian which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) slating the UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO ACUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work At Wor	tll Fordleigh F
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 10 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 12 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IO THE TERMINAL DISEASE OR CONDITION IN PART 1 (A). 13 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSE OF OR CONTRIBUTING IN CERTIFYING CAUSE OF CONTRIBUTION IN CERTIFYING CAUS	APPROXIMATE INTERV
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING AUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING AUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED AT While At Work A	tun
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING AUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING AUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED AT Work AT	
DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the UNDERLYING CONDITION last. (C) ASCALLA ACQUENCE OF: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION PART 1 (A). 19A. DATE OF OPERATION PART 1 (A). 21A. ACCIDENT WAS UNDERLYING Home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED While At Work 22. I certify that (I) (this hospital) ottended the deceased from 19 63 ta that (I) (we) last sow the deceased alive on 19 69 and that in (my) (dur) oplinia	
rise to the obave cause (A) slating the UNDERLYING CONDITION last. (C) ASCUD + Hypertension OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING CAUSE OF ONE CONTRIBUTING CAUSE OF INJURY (e.g., in or obout 21 C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? While At Cause Cau	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID Nome, farm, foctory, street, office bldg., INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 21E. INJURY OCCURRED While At Not While Work 22. I certify that (I) (this hospital) attended the deceased from 19 3 ta 19 4 and that in(my) (day) opinia	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINING CAUSE OF 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Not While At Work 1 Work 1 Work 1 Work 1 Work 1 19 63 ta that (I) (we) last sow the deceosed alive on 19 64 and that in (my) (aur) opinia	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINING CAUSE 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUS	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME OF INJURY (APPROX.) 21D.TIME OF INJURY (APPROX.) 21C. I certify that (I) (this hospital) attended the deceased from 1963 ta that (I) (we) last sow the deceased alive on 1969 and that in (my) (dur) oplnia	DINGS CONSIDERED
22. I certify that (I) (this hospital) attended the deceased from 1963 ta that (I) (we) last sow the deceased alive on 1969 and that in (my) (dur) opinion	ity, give exoct location)
22. I certify that (I) (this hospital) attended the deceased from 1963 ta that (I) (we) last sow the deceased alive on 1969 and that in (my) (dur) opinion	
that (I) (we) last sow the deceosed alive on 1173 1969 and that in (my) (aur) opinia	,
	1123 19
	n death accurred on the
and hour and from the causes stated above. (1) (We) (did) (did nat) view the body after death.	
23A. SIGNATURE Attending Attending Shaff	B. DATE SIGNED
DECREE Phys. Director Phys.	
23C. PHYSICIAN'S NAME (Type) W(CPSON DEGREE ST 21 Name (Type)	an
24A. BURIAL CREMATION, 24B. DATE. 24C. NAME of CEMETERY of CREMATORY 24D, LOCATION (City, REMOVAL (Specify)	
Burial Nov. 26, 69 Woodlawn Cemetery Woodlawn Maryland	town, or county) (Sto
25A. DATE REC'D BY HEALTH DERT. 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR	
NOV 25 1969 Table E, Nada A. D. Loring Byers 8728 Liberty 1	d Balto. Co.

1 -1: -307

Barton - American Service Married Artists

NAME (Type)

25A. DATE REC'D BY HEALTH DEPT.

24A. BURIAL CREMATION.

REMOVAL (Specify)

VS 151-REV. 1/1/68

Burial

Werner U. Spitz, M.D.

258 NAME OF REGISTRAR

24C. NAME of CEMETERY or CREMATORY

Baltimore National

248. DATE

11-25-69

Sent E

69 11596 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 69 BIRTH NO. 1. NAME OF DECEASED 2. DATE Known 3 Month Doy Yeor Hour (Type or Print) OF Estimated 11 20 69 Clay D. Stewart DEATH 1:15 p M. 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Year Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL 20 D OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE B. COUNTY Maryland c. city or town D. INSIDE CITY LIMITS? 6. SEX B. MARRIED NEVER MARRIED white male WIDOWED [YES . DIVORCED T NO Baltimore H Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 9. DATE OF BIRTH 10. AGE (In years lost birthdoy) 27 Months , Doys , Hours , Min. 7 W. Preston St. Jan. 16, 1942 11. BIRTHPLACE (State or foreign country) 13. FATHER'S NAME 12. CITIZEN OF WHAT COUNTRY? Ottis King Stewart Washington, D.C. 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working lile, even Il retired) Virginia Everett Bethleham Steel 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO. ADDRESS 1959-1964 227-48-3238 Jackie Stewart 1826 Willann Rd. APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Narcotic addiction (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c). O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) ₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., In or obout 22C. WHERE DID (II in Boltimore City, give exact location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING TOR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Hour) 22E.INJURY OCCURRED (Year) 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE (APPROX.) WORK AT WORK 23. I certify that I held an Inquiry Autopsy X Inspection ___ and that an this basis, death in my opinion resulted fram: Natural causes X Accident __ Homicide Suicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE. M.D. EXAMINER'S ASSOCIATE MEDICAL EXAMINER

Deputy Chief Medical Examiner -

25C. FUNERAL DIRECTOR

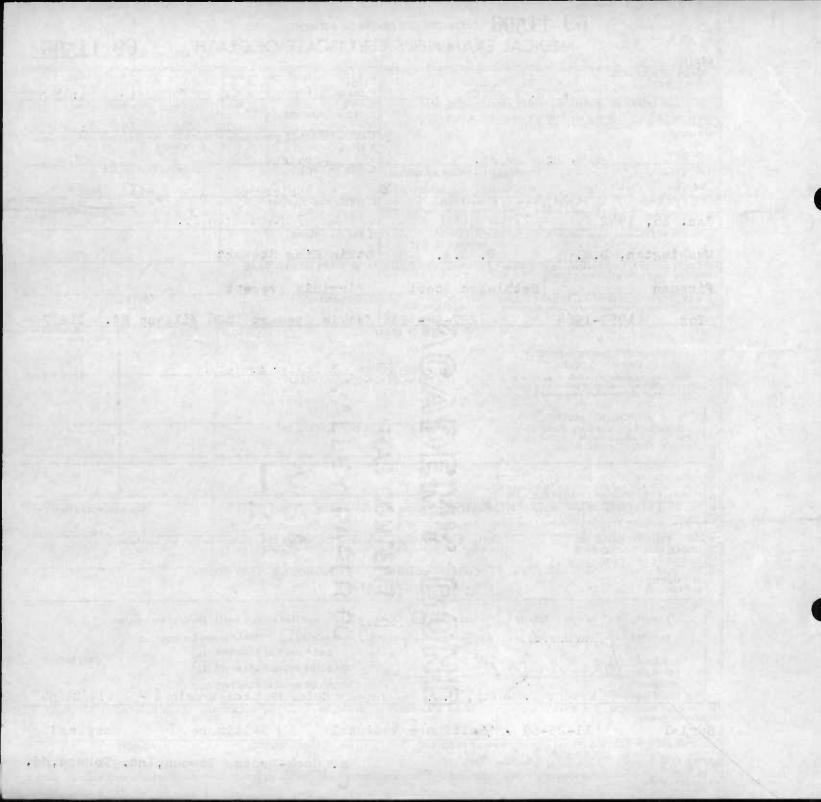
Baltimore

24D. LOCATION (City, town, or county)

Cook-Brooks Towson, Inc. Towson, Md,

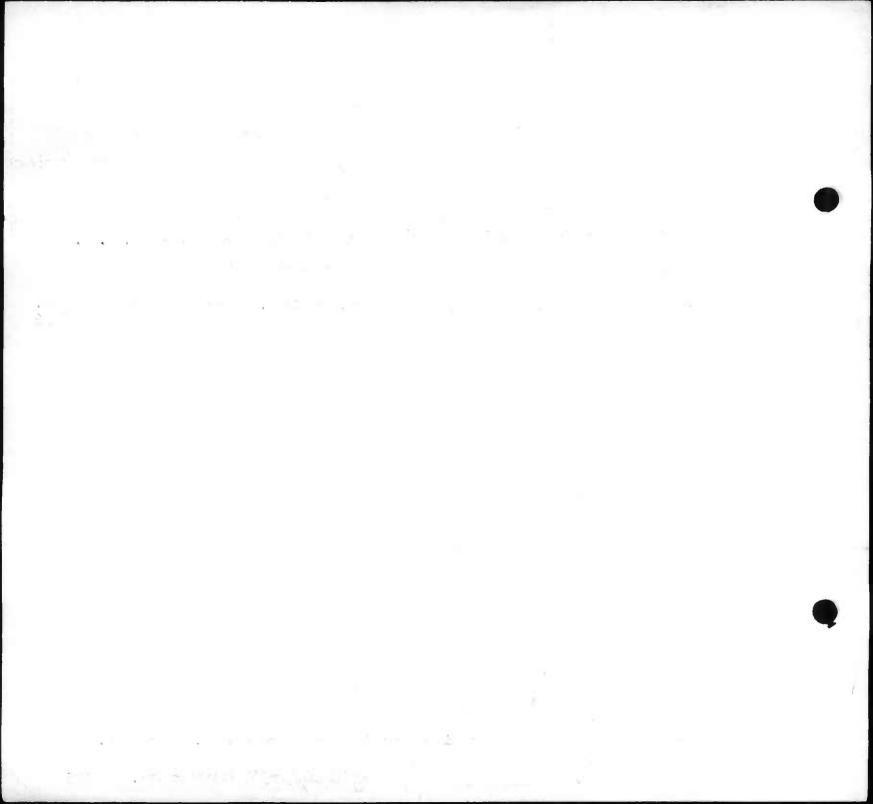
Maryland

ADDRESS



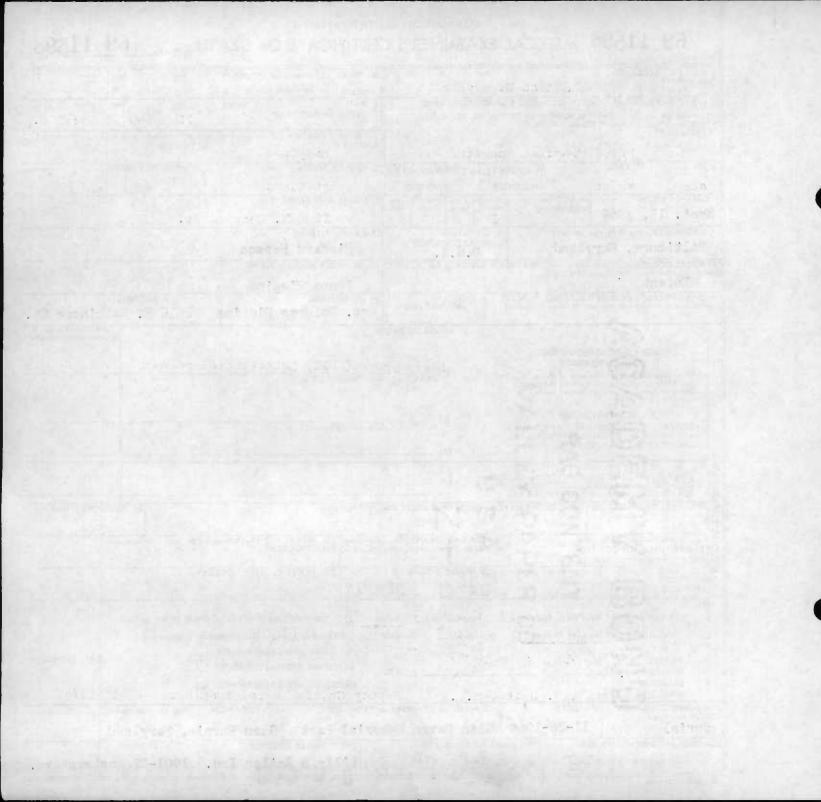
FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT 69 11597 69 11597 CERTIFICATE OF DEATH hospital and use of death (5) Deceased I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) HO 10.35 AM 11-23-69 hospitai death. 4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission) attendance Cause FULL NAME OF HOSPITAL OR (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYLAND CITY OR TOWN (4) Undetermined cause; 10 D. INSIDE CITY LIMITS? SOUTH BALTIMORE BALTIMORE NO prior contributing E. STREET AND NUMBER ENERAL HOSPITAL 21226 PENNINGTON made in regular 5. SEX 6. RACE 9. AGE (In years 7. MARRIED NEVER MARRIED If Under 1 Yr. If Und Manths Days Hours If Under 24 Hrs. deceased last birthday) WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) RETIRED Pipefitter Davidson Chemical C Specific Consideration Australia Was 13. FATHER'S NAME Peter Margaret Cherry death 0 15. Wes Deceased Ever in U. S. Armed Forces? (Yes,na ar unknown) (If yes, give wor ar dates af service) 17. INFORMANT 6. SOCIAL or final SECURITY NO. attendance Mrs. Bessie E. Cherry 4027 Pennington Ave. No 01 4/61 pronounced CAUSE OF DEATH SETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY of embalmed DIMMEDIATE CAUSE Congestive Kesst failure DUE TO, OR AS A CONSEQUENCE OF: LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the made at dying, e.g., heart failure, asthenia, etc. It means the disease, regular injury or complication which caused death.) ANTECEDENT CAUSES who GLO DISEASES OR CONDITIONS, il ony, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the the physician UNDERLYING CONDITION last before the remains a medical physician was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) Body 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 208 IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? the body was released to the hospital by 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF any nature; (2) where 216, PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If In Baltimore City, give exact lacotion) °Z MEDICAL DEATH (notify medical exomined) obtained 21 D. TIME 9 (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? approved (except Not While (APPROX.) and 22. I certify that (1) (this hospital) attended the deceased fram..... that (1) (we) last saw the deceased alive an. ____19____ and that in(my) (our) apinion death accurred on the date hospital death) and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. An accident 23A. SIGN AT URE 238 DATE SIGNED Hounan Attending [Shaff Phys. 2 written approval 0 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS ŧ D.O.A. 24A. BURIAL CREMATION 24C. NAME of CEMETERY OF CREMATORY eceased 24D. LOCATION (City, town, or county) REMOVAL (Specify) 11/26/69 Burial shows: Meadowridge Memorial Park Dorsey, Md. Howard Co. SID 25A, DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR ADDRESS Call F # 237 Patapaco Ave. 21225



H-252

BIR	69, 1	1598	MED	ICAL	EXAMINER'S	CERTIF	ICATE C	F DEAT	TH REG. NO.	69	11598
1. 1	NAME OF DEC	EASED				2. DATE	Known 🔼	Month	Day	Yeor	Hour
					. Higgins	DEATH	Estimoted				м.
FUL!	LACE IN BAL' L NAME OF SPITAL INSTITUTION	(IF NO		L OR INST	ONOUNCED DEAD		DUNCED DEAD	Month 11	Doy 22	Yeor 69	9:05 a.M.
3	14		Memor		ospital	A. STATE	Maryland		B. COUNTY	1	206
6. S	ale	7. RACE white		B. MARRI	IED NEVER MARRIED E	C. CITY O	R TOWN Baltimo:	ro	D. INSIDE C		
-	ATE OF BIRTH		10.AGE (In		If Under 1 Yr. If Under 24 Hrs	E STREET	AND NUMBER		Y	ES L	NO L
S	ept. 15,	1969	lost birthday	1)	Months Days Haurs Min.		2206 N.		s St.		
	Baltimor				WHAT COUNTRY?		chard He	sson			
14A. dane	USUAL OCCUI during mastof w Infant	orking life, ev	e kind af wark i en if retired)	4B. KIND	OF BUSINESS OR INDUSTR		er's maiden in na Higg			J. Se	
16.	WAS DECEASE	D EVER IN	U.S. ARMED	FORCES	? IT. SOCIAL	18. INFOR		TII9	A	DDRESS	
(Yes,	no ar unknown)	(If yes, give v	var or dates o	of service)	SECURITY NO.	Mrs.	Dolores	Higgins			timore St.
	(This does not heart follure, injury or com	EADING TO it mean the asthenio, etc plicotlan whi ITECEDENT IR CONDITI ABOVE CA	made of dyi . It means the ch coused deo CAUSES ONS, IF ANY, USE (A) STAT	ng, e.g., disease, th.)	(A) IMMEDIATE DUE TO, OR	CAUSE (S AS A CONSE	QUENCE OF:	erstiti	al pneum	BETW	PROXIMATE INTERVAL EEN ONSET AND DEATH
CERTIFICATION	TO THE DEA	TH BUT NOT CONDITION	NDITIONS CO RELATED TO GIVEN IN PA	RT 1 (A).	NAL	~~~~					
3	DATE OF	OPERATION	1 20B. CON	DITION	OR WHICH OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Yes ar No)
	11										yes
의	2A. EXTERNUNDERLYING		TRIB-	1	22B.PLACE OF INJURY(e.g., home, form, factary, street, affi	tn ar abaut ce bldg., etc.)	22C. WHERE DI	D (if in Baltime	are City, give exc	et lacation)	
	22D. TIME (I OF INJURY (APPROX.)	Month) (D	oy) (Year)		WHILE AT TO NO	WHILE	22F. HOW DID	INJURY OCC	CUR?		
1	3. I certi	fy that I h	eld an Ir			itopsy 🔯	and that or	n this basis	, death in my	oninion	
			atural cous				amicide		ined monner	_	
		1			2	-	CHIEF MEDICA			_	
	ACTUAL	or IIU	My	17	TO THE STATE OF TH	ASS	ISTANT MEDICA		ī		DATE SIGNED
	SIGNATU			-	1.M_).	OCIATE MEDICA				
		pe) Wer	ner U.	Spit	M.D. D		hief Med		aminer	11,	/23/69
REN	BURIAL CREM OVAL (Specifi Urial	ATION, 2	48. DATE 11-26-	1060	24C. NAME of CEMETERY			D. LOCATION		, ar county)	(State)
	DATE REC'D	VHEATH		-	Glen Haven Me				nie, Mar	~	
ZJA	NO	V 25 1			E. Jaben, M.D.		FUNERAL DIRE			O7 Eas	stern Ave.
	1717			1		010					



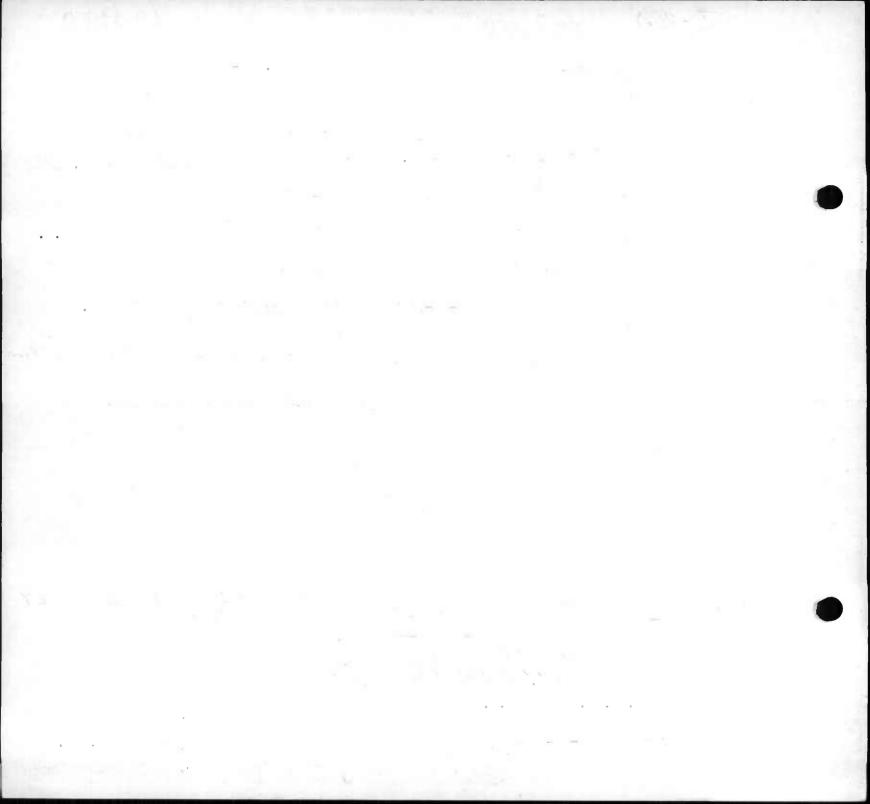
	G-320 BALTIMORE CO	Y HEALTH DEPARTMENT CO 11 = CO
	IRTH NO. 69 11599 CERTIFICA	ATE OF DEATH REG. NO. 69 11599
116	NAME OF DECEASED Albert	2. DATE AND HOUR OF DEATH
	NOHN A. GETZ	Nov. 22 1968 1 8:25- P.
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whele deceosed lived. If institution: lesidence before admission) A. STATE B. COUNTY
1	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 602.
	NSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	or Church Home & Hospital	BACTMORE YES P NO
	35 Broadway & Fairmount Ave.	130 N. Port. St. Belt. nd. 213.20
1	male 6. RACE white 7. MARRIED NEVER MARRIED WIDOWED NIVER TO THE PROPERTY OF T	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. , II Under 24 His.
	I MIDOMED DIVORCED	5-14-03 66
	DA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRIBUTION of Working life, even if relired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	night watchman Monroe Upholter	MARYLAND U.S.A.
- '	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	CHRISTIAN GETZ	Bertha Otto
C	. Was Deceased Ever in U. S. Armed Forces? es,no or unknown Uf yes, give wor or dates of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	Yes 4-3-23 ^{to} 4-2-23 2/2-12-110-	g Caroline Seton same
	18. 4 / O I CAUSE OF DEA	AFFROAIMATE INTEXVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
	This does not mean the mode of dving as (A) IMMEDIATE CA	USE Acute Me
	heorl foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	A CONSEQUENCE OF:
И	ANTECEDENT CAUSES	e e
		S A CONSEQUENCE OF:
	TINDEDIVING CONDITION 1-1	
	ONDERENING CONDITION TOSE (C)	
A WILLIAM	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	o Vascular Accident
C ED TIE L		20A-AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
41	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., lorm, foctory, sheet, company to the company of the	fice bldg (NILEY OCCUPY) (II in Boltimore City, give exect location)
3	DEATH (notify medical examined)	ffice bldg., INJURY OCCUR?
		21F. HOW DID INJURY OCCUR?
3	(APPROX.) While At Work At Work	
		1200 21 19 68 10 nov. 22 1969
	that (1) (we) last sow the deceased alive on	2 19 65 and that in (my) (aur) opinion death occurred an the date
	and haur and from the couses stoted above. (1) (We) (did) (did not)	view the body ofter death
	23A. SIGNATURE	23B, DATE SIGNED
	23A. SIGNATURE Corazon 7. Vergane, A.D. Ath DEGREE Physician's	anding Med. Staff Med. Staff Med. 22 196-
	23C.PHYSICIAN'S NAME (Typel	Inding Med. Shoff Director Phys. 22 1965
24	CORAZON Z. VERGARA, M.a.	23D. ADDRESS /OO N. BROADWAY BALT. Re 2/2 5. EMATORY 24D. LOCATION (City, town, or county) (Stole)
25	Burial KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	aith Cemetery Baltimore Md.
	NOV 25 1969 258 NAME OF REGISTRAR	25 CHIRLING Funeral Home ADDRESS 3331Brehms Lane
VS	150-REV. 1/1/68	

. 15

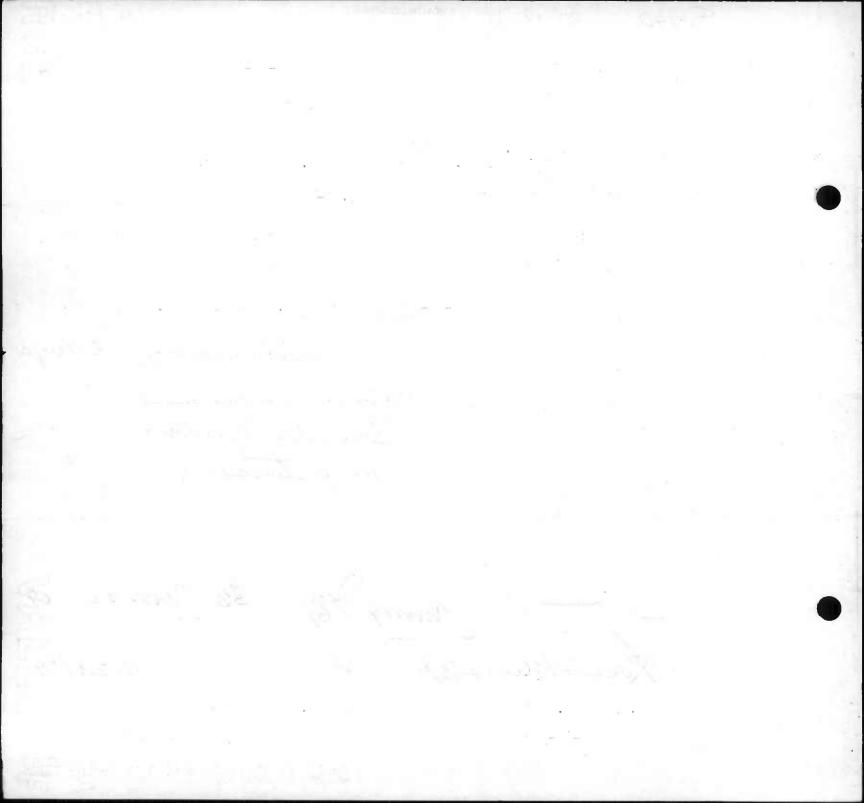
FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

T O(A BALTIMORI	CO 44000
69 11600 CERTIF	ICATE OF DEATH REG. NO. 69 11600
BIRTH NO.	
Type or Print)	2, DATE AND HOUR OF DEATH
Rosario Zaccari	Nov. 20- 1969 M. 14. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREE	Maryland 26.33
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Home	Baltimore YES X NO
2121 3003 Mayfield Avenue, Baltimore Md	E. STREET AND NUMBER
O Joby Hayrield Avende, Baltimore Md	. 3003 Mayfield Avenue Baltimore Md. 21213
5. SEX 6. RACE 7. MARRIED X NEVER MARRIE	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male White WIDOWED DIVORCE	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IND	
done during most of working life, even if retired)	Ti-la
Barber Self Employed	1taly XXXXX U.S.A
1 ATTER 3 HAME	14. MOTHER S MAIDEN HAME
Rosario Zaccari	Anna Cicaro
15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
No 220-30-43	76 Angeline Zaccari 3003 Mayfield Ave.
18. CAUSE OF	
DISEASE OR CONDITION DIRECTLY	DEATH SETWEEN ONSET AND DEATH
LEADING TO DEATH	- Lite 100 - 1 a allow Ti Con lin- 18 Hay los Miden
(This does not mean the mode of dying, e.g., DUE TO,	
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	\bigcirc \bigcirc \bigcirc \bigcirc
ANTECEDENT CAUSES	Lisa to sufficient
DISEASES OR CONDITIONS, if ony, giving DUE TO,	OR AS A CONSPONENCE OF
ise to the above cause (A) stating the	
UNDERLYING CONDITION last, (C)	
1	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A).	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ER C	
OR CONTRIBUTING CALLE OF home form feetons of	(e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location) reet, affice bldg., INJURY OCCUR?
DEATH (notify medical examiner) etc.)	
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRE	D 21 F. HOW DID INJURY OCCUR?
While At No	ot While
Work C Ar	Work L
22. I certify that (I) (this heaptral) ottended the deceased from	
that (1) (two) last sow the deceased alive an	19.16.9 and that in (op opinion death accurred on the date
ond haur ond from the causes stated obove. (1) (🗯) (did) (did	not) view the bady ofter deoth.
23A. SIGNATURE	23 B, DATE SIGNED
H / / / / / / / / / / / / / / / / / / /	Attending Med. Staff Phys. Director Phys.
23C. PHYSICIAN'S	23D ADDRESS
Dr. L. B. Stevens MD.	3400 Erdman Avenue 21.21.3
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	DEGREE
REMOVAL (Specify)	
Burial 11-24-1969 Holy Redeer	mer Cemetery Belair Road, Baltimore, Md.
25A. DATE RECO BY MEALTH DEPT. A. 229E MAINE OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
I MARY Z.D IDUY	- INDICATE AND AND A STATE OF A S
1 7 0 7	Schimunek Fumeral Home, 3331 Brehms Lane

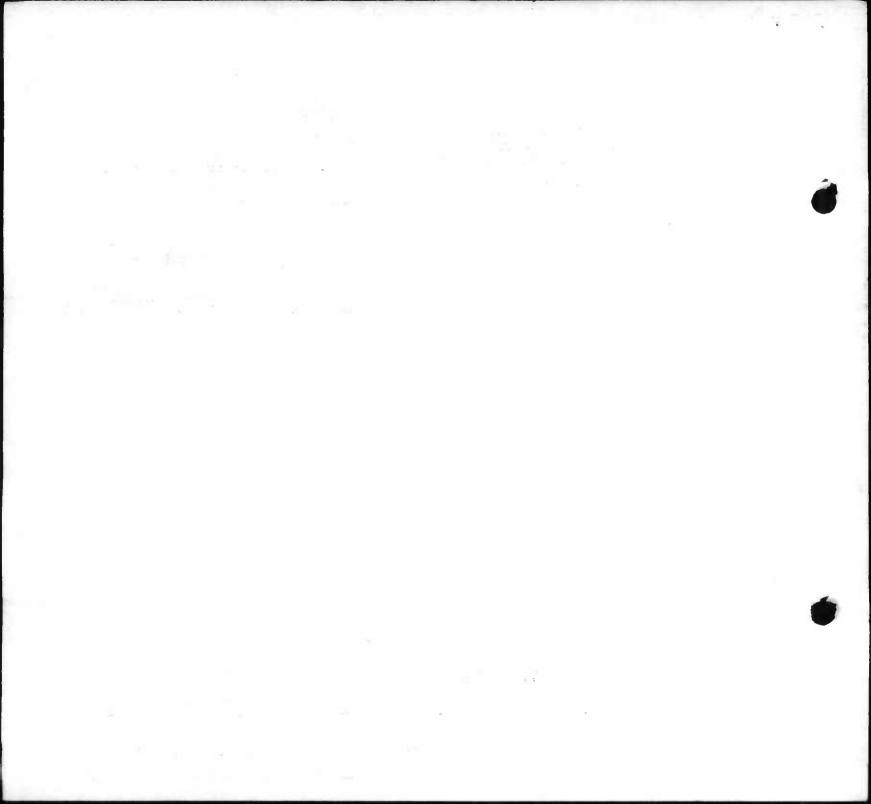


	H NO. AME OF DEC	EASED			2. DA	TE AND HOUR OF DEATH	es lic
Тур	e or rnnt/	Anna Svehla	a			1-20- 1969	813
3. P	LACE IN BALT	TIMORE, MARYLAND, V	VHERE PRONOU	NCED DEAD	4. USUAL RESIDENC A. STATE B.	E (Where deceased lived, If in COUNTY	stitution; residence before admission
FUL	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	Mary		702
N S	TITUTION	ADDRESS OR LOC	A HON		c. CITY OR TOWN Baltim		DE CITY LIMITS?
		Uomo 6	OO N. RO	se Street	E. STREET AND NUM		YES X NO
6	10		timore,		609 N. R	ose Street, 2	1205
5. SI	X	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
F	emale	White	WIDOWED	DIVORCED	Nov. 7-1881	88	
		JPATION (Give kind of wor working life, even if retired)	k 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNT
70.10		employed			ZNEEX C	zechoslovakia	Czechoslovakia
3. F	ATHER'S NAM	ME			14. MOTHER'S MAID	NNAME	
		Matthew Bar	rvir		Rose S	kirvanec	
		Ever in U. S. Armed Fo		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 21205
	no			218-42-8600	Edward J	. Svehla, 609 N	· Rose Street
	18.7 50	.9		CAUSE OF DEAT			APPROXIMATE INTERVAL
		E OR CONDITION DE	RECTLY		- 0	011	2 A
		LEADING TO DEATH		(A) IMMEDIATE CAL	ISE Cerebial	Hennysonke	Te 3 day,
	heart failure,	ol meon the mode of asthenia, etc. It means	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
		plication which caused			to	Aille + 0.	- 7
		ANTECEDENT CAUSES		(B)	tenosclero	he than dish	ise
		OR CONDITIONS, if above cause (A)		DUE TO, OR AS	A CONSEQUENCE OF:	12.0000	15 reas
	UNDERLYING	G CONDITION last.		(c)	Teabell	_ vouced	2 75
z	O THE DOLLAR	11	ALITBIDLISTA		// -	<i>_</i> ^	7
Ĕ	TO THE DEAT	H BUT NOT RELATED TO	THE TERMINAL		Herperl	ension	
O	19A. DATE OF		IDITION FOR W	HICH OPERATION	20%. AUTOPSY? (Ye	s or No) 20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
ERTIF	0		RFORMED			IN CERTIFYING CA	USES OF DEATH?
0	21 A. ACCIDEN	NT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE	DID (If in Boltimor	e City, give exact location)
CA	DEATH (notily	medical examiner	etc.)				
5	21 D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED		ID INJURY OCCUR?	
w	(APPROX.)		Whi	le At Not While At Work			
3			1\ -44 - 1 - 1 - 1		Jan 1	19.60 to	W, 20 1969
ME	22. I certify	that (1) (this bosnite	H) offended th	e deceased from			
WE		that (I) (this bespite			1 1 4 -	ond that in (my) (aux) oni	nion death occurred on the
ME	that (I) (we)	plast saw the deceas	ed olive an	word	9 40 69		nion death occurred an the c
ME	that (I) (we)	rlast saw the deceos d from the couses sta	ed olive an		9 40 69		nion death occurred an the c
ME	that (I) (we) and hour and	rlast saw the deceos d from the couses sta	ed olive an	(Wo) (did) (did not)	riew the body ofter conding Med.	leoth.	
WE	ond hour one	rlast saw the deceosed from the courses sto	ed olive an	(We) (did) (did not)	riew the body ofter conding Med.	leoth.	
WE	ond hour one 23A. SIGNATU 23C. PHYSICIA NAME (T	d from the couses sto	ed olive an	(Wo) (did) (did not)	riew the body ofter conding Med. Director 23D. ADDRESS	Staff Phys.	
ME	ond hour one 23A. SIGNATU 23C. PHYSICIA NAME (T. BURIAL CRE	d from the couses stored from the couses from the couse from the couses stored from the couses from the couses from the couses from the couses from the couse from the couses from the couses from the couse from the couse from the couse from the couses from the couse f	ed olive an ored obove. (I	(Wo) (did) (did not)	riew the body ofter comming Med. Director 23D. ADDRESS 2623 E. M	Shoff Phys. Onument Street	238, DATE SIGNED 11/22/69
ME	ond hour once A. SIGNATU COLUMN COL	reaction the decease of from the courses storing of the course storing of the course storing of the course of the	climes	(We) (did) (did not) Attribute of CEMETERY of CR	riew the body ofter of the miding Med. S. Director 23D. ADDRESS 2623 E. M. MATORY	onument Street	11/22/69 ity, town, or county) (State)
W 24A.	ond hour one 23A. SIGNATU 23C. PHYSICIA NAME (T) BURIAL CREF REMOVAL (S) BURIAL	d from the couses stored from the couse stored	Climes	MD OEGREE MD OEGREE ME of CEMETERY or CR ak Hill Cemet	riew the body ofter of the body of the conding Med. S. Med. Director 23D. ADDRESS 2623 E. M EMATORY	Onument Street 24b. LOCATION (C Baltimore Mar	23B, DATE SIGNED 11/22/69 ity, town, or county) (Stole yland
W X	ond hour one 23A. SIGNATU 23C. PHYSICIA NAME (T) BURIAL CREF REMOVAL (S) BURIAL	d from the couses stored from the couses stor	climes	MD OEGREE ME of CEMETERY OF CR ak Hill Cemet	riew the body ofter of the state of the stat	onument Street Alba Location (C Baltimore Mar	238, DATE SIGNED 11/22/69 ity, town, or county) (Sto



-31 db	T-510	7.		BALTIMORE CITY	HEALTH DEPARTMEN	NT.	00 44 500
sed the the uch	BIRTH NO.	00	1160	CERTIFICA	TE OF DEAT	H REG. NO.	69 11602
S	1. NAME OF DEC	LULA TH	OMPSON		12/	E AND HOUR OF DEATH	1 8 25 P.M.
	3. PLACE IN BAL	MORE, MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If	institution: residence before admission)
ause e; (5) I ndanc	FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT.	AL OR INSTITUTI	ON, GIVE STREET	Maryladi c. CITY OR TOWN	la an	102
0 8 6	INSTITUTION	Baltimore Ci	ty Hospi	tals	Baltimore	D. IN	YES NO
	31	4940 Eastern Baltimore, M	larvland	21224	E. STREET AND NUMB		
200	5. SEX	6. RACE			307 S. Ellw		21224 007
contribut letermined n regular eceased p	Female	White	7. MARRIED WIDOWED X	DIVORCED	8. DATE OF BIRTH 9-4-88	9. AGE (In years lost birthdoy) 81	Il Under 1 Yr. Il Under 24 Hrs. Months: Doys Hours Min.
ete n r n i	done during most of v	PATION (Give kind of work vorking life, even il retired)	108, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State of	or loreign country)	12. CITIZEN OF WHAT COUNTRY?
o Ping					Maryland		USA
(4) U (4) U wa the ispos	13. FATHER'S NAM	A E			14. MOTHER'S MAIDEN		
dird; (4)		F			Louise Wi		
kind dea ce nal	(Yes, no or unknown)	Ever in U. S. Armed Fore (If yes, give wor or dole	s of service)	SECURITY NO.	BCH-Records	4940 Easter Baltimore,	n Avenue Maryland 21224
any ced ndan or fi	18. / /	2		CAUSE OF DEAT		,	APPROXIMATE INTERVAL
0 4 5 0 5		E OR CONDITION DIR	ECTLY				BETWEEN ONSET AND DEATH
Als nound att	(This does no	LEADING TO DEATH	dying, e.g.,	(A) IMMEDIATE CAL	SE MYOCARD	IAL INFARC	TION 3 MOISTHS
fractur o pror gular embal	heort failure,	osthenio, etc. It means plication which caused	the disease,	502 10, 01 23	A CONSEQUENCE OF:		
fra fra or em	11 1	NTECEDENT CAUSES		(8)			
exami (3) A fr in who in regi	rise to the	R CONDITIONS, ii o	ny, giving sloling the	DUE TO, OR AS	A CONSEQUENCE OF:		**************************************
cal ens; (3 ician ician ras ir	UNDERLYING	CONDITION lost.		(c)			***************************************
HE SE	OTHER SIGNIFICATION TO THE DEATH	II CANT CONDITIONS COP BUT NOT RELATED TO TH	TRIBUTING				
- > 0	DISEASE OR CO	ONDITION GIVEN IN PART	1 (A).	ICH OPERATION	120A. AUTORSY2 (Yes	or No) 208, IF YES, WERE	ENDINGS CONSIDERED
Body the pysicic ethe	19A DATE OF	WAS PERF	ORMED	. SIT O'I EKATION	No	IN CERTIFYING C	AUSES OF DEATH?
hospital by a nature; (2) Bod ept where the d (6) No physic ained before th	OR CONTRIBU	TWAS UNDERLYING TING CAUSE OF medical examiner	21 B. PL. home, etc.)	ACE OF INJURY (e.g., i farm, foctory, street, of	or about 21 C. WHERE Dice bldg., INJURY OCCU	ID (II In Boltime	ore City, give exect location;
hospital lature; (spt when l (6) No ined bef		(Month) (Day) (Year)	(Houd) 21 E IN	JURY OCCURRED	21F. HOW DIE	NJURY OCCUR?	
the hospi my nature except w and (6) P	(APPROX.)		While Work	At Not While At Work	. 🗆		
		that (1) (this hospital)			28 00	19 <u>69</u> ta	Nov 21 1969
÷ 4 2 5 5 4		lost saw the decease					inion death occurred on the date
dent of ospital death) must be	23A SIGNATU		ed obove.((I)	We) (did) (did not) v	lew the body ofter de	oth.	23B, DATE SIGNED
bi od o		wide I	0.0.	W // // // Db	nding Med.	Shaff Phys.	21 1/069
y was re 1) An ace 3.A. at a d prior t approva	23 C. PHYSICIAN NAME (Ty	YS pe)	The state of the s	- OLONES	3D. ADDRESS		
was r An a L at prior	D	avide J. Rile	≥Y	MD e DEGREE	BCH- Balt:	Eastern Avenu imore, Marylar	le nd 21224
body D.O. ased en ag	24A. BURIAL CREA REMOVAL (S	AATION, 248, DATE	24C. NAM	E of CEMETERY OF CRE		The second secon	ity, town, or county) (State)
body ws: (1 s D.O.	Burial	II-25-6		Lawn Cemete		Baltimore, Mar	yland
the body shows: (was D.O decease	NOV 25	1969 Table 8	25th NAME OF	KEGISTRAK	25C FUNERAL DIRE	CTOR:	DUNDALK AVENUE

VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
--

BALTIMORE CITY	HEALTH DEPARTMENT PEG NO. 69 11603
L-150 69 11603 CERTIFICA	TE OF DEATH REG. NO. 03 11603
BIRTH NO. 1, NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Type or Print) TILLIE LEVINE	Thursday, Nov. 20, 1989 2 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before odmission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARY LAND C. CITY OR TOWN D. INSIDE CITY LIMITS?
6114	BALTIMORE YES X NO
XXXX Gist Avenue	E. STREET AND NUMBER 6114 Gist Avenue #15
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
FEMALE WHITE WIDOWED DIVORCED	2/22/1893 76
done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE AT HOME	ROCHESTER, N.Y. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNKNOWN	SOPHIE DAVIDSON
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ENCINO, CALIFORNIA 91316
NO NO	MR. ROBERT LAWRENCE, 5618 OASTROM AVE.
18./ 3 , 0 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	-NASARCA+Conjective 6 MOS
(A) IMMEDIATE CAU (This does not mean the mode of dying, e.g., DUE TO, OR AS	A CONSEQUENCE OF:
heart failure, asthemia, etc. II means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES	Metastatic OVARIAN 1 YR
(B)	A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	in or about 21 C. WHERE DID (If In Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street of etc.)	ffice bldg., INJURY OCCUR?
O 21D-TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) While At Not X(hill Work	
22. 1 certify that (1) this haspital) attended the deceased from	
that (I) (we) last saw the deceased alive an 11-20	19 65 and that in my (our) apinian death accurred an the date
and haur and fram the causes stated above. (11) (We) (did) (did nat) v	
23A. SIGNATURE	ending Med. Shaff
H. Guald OTH MI BEGREE Phy	rs. Director Phys. 1
NAXVE (Type)	23D. ADDRESS
U H. Gerald Oster DEGREE	6821 Reisterstown Road
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CRI	EMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL 11-23-69 BALTIMORE HEBREW	BELAIR ROAD, MARYLAND
25A DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	
NOV 25 1000 20 et 3200 25	25C. FUNERAL DIRECTOR ADDRESS
NOV 25 1969 Bes E Jeller, M.D. VS 150-REV. 1/1/68	

ANASARCA+Corperan

CA OF OVARY NO

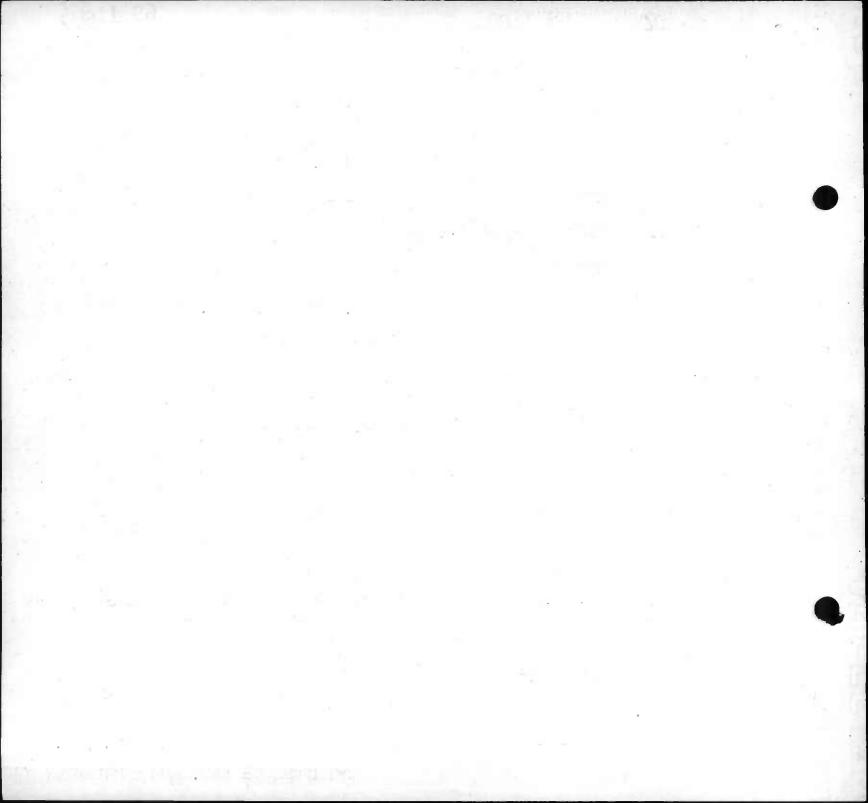
0 3 31-1

Grand Boken mis I 11005

7 -	117-6/// 69 1100/	HEALTH DEPARTMENT TE OF DEATH REG. NO. 69 11604							
on th	1. NAME OF DECEASED (Type or Print) AX ARI) T.	2. DATE AND HOUR OF DEATH							
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY D. A. STATE							
endance to deat	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
5 5 5 7	MUNION MEMORIAL HOSPITAL	BAITIMORE YES NO DE STREET AND NUMBER 6990 MAR SUE DRIVE, APT. 2-A #21215							
regular sased pri	Male White WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years lif Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.							
ion der	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY dope during most of working life, even if refired) HOEMARER SHOP	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? RNS81A USA							
was the sposit		14. MOTHER'S MAIDEN NAME							
등 등		17. INFORMANT MRS. JEANETTE EZRINE ADDRESS							
# E E		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
burns; (3) A tracture of any hysician who pronounced n was in regular attendoremains are embalmed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g., heer foilure, osthenio, etc., it meens the disease, injury or complication which caused deeth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving is to the above cause (A) slating the UNDERLYING CONDITION lost. (A) IMMEDIATE CAUSE (B) DUE TO, OR AS A DUE TO, OR	BETWEEN ONSET AND DEATH							
2) Body burn re the physic physician wo fore the remo	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199A-DATE OF OPERATION 199R CONDITION FOR WHICH OPERATION WAS PERFORMED 21A, ACCIDENT WAS UNDERLYING TO 121R PLACE OF INHURY/OR 1998	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, officeld) OR CONTRIBUTING CAUSE OF home, form, foctory, street, officeld) OB 21D. TIME (Month) (Doyl (Yeorl (Houd) 21E. INJURY OCCURRED (Month) (or obout 21 C, WHERE DID (If In Boltimore City give exect location)							
E 0 0 B	Work L At Work	21F. HOW DID INJURY OCCUR?							
of an rai (e rh); c	22. I certify that (1) (this hospital) attended the deceased from								
shows: (1) An accident of was D.O.A. at a hospital deceased prior to death) written approval must be	23A. SIGNATURE Attended L. Leddy M.D. Attended Phys.	23& DATE SIGNED							
S. P. B.	24A- BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREM								
shows: (1) was D.O./ deceased written a		EL ANSHE STARD, GERMAN HILL RD. MARYLAND 125C. FUNERAL DIRECTOR ADDRESS							
	VS 150-REV. 1/1/68	Sol a evenion & Bren 6010 Reisterstown Rd.							

THE ROLL OF SERVICE SERVICES AND ASSESSMENT OF THE SERVICES AN

	TH NO. AME OF DECEASED A	CATE OF DEATH
	e or Printly of man But 31	MOUENBER 23 1040 11:23
3. F	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	NOVEMBER 23 1969 //: 23 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before od A. STATE B. COUNTY
E111	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARY LAND 701
HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET STITUTION ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LÍMITS?
-	JOHN HOPKINS HOSPITAL	BALTIMORE YES NO
1		E. STREET AND NUMBER
F 6	EX 6. RACE 7. MADDIED X NEVED MADDIED	718 N. LINWOOD AVENUE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under
5. S	MARKIED [] INEVER MARKIED [lost birthday) Months Days Hours
	MALE WHITE WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS	
done	during most of working life, even if retired) TOVC	
	FATHER'S NAME	BALTIMORE, MARY LAND USA
130		
15 '	MORRIS ROSENFELD Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	MARY FLETSCHMAN 17. INFORMANT ADDRESS
(Yes	Wos Deceosed Ever in U. S. Armed Forces? ,no or unknown) (If yes, give wor or dotes of service)	
_	NO	MR. DAVE BURY, 718 N. LINWOOD AVENUE #0
	1B. Ala. II	BETWEEN ONSET AN
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	RICULAR FIBRILLATION ?
	(This does not mean the mode of dying, e.g., (A) IMMEDIATE DUE TO, OR	CAUSE AS A CONSEQUENCE OF:
	heort foilure, osthenio, etc. It means the disease, injury or complication which caused death.)	CHARY HEART DISEASE SYEAR
	ANTECEDENT CAUSES COKE	DNAKY ATHEROSCLEROSIS ? YEM
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OF	CAUSE TAS A CONSEQUENCE OF: OHARY HEART DISEASE 3 YEAR ONAKY ATHEROSCLEKOSIS ? YEAR RAS A CONSEQUENCE OF: YPERTEN 310 M 7 YEAR
	uise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	YPERTENSION YEAR
	11	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	E
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CERI		
<	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e home, form, foctory, stree DEATH (notify medicol exominer)	.gg, in or about 21C. WHERE DID (It in Boltimore City, give exact location) NJURY OCCUR?
2	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
ME	OF INJURY White At Not 1	While
	Work At W	
	22. 1 certify that (1) (this traspite) attended the deceased fram that (1) (and last saw the deceased alive an 1/7 20	40
1		19 27 and that in(my) (cor) apinian death accurred an
	and haur and from the causes stated above. (1) (Wa) (did no	
	23A. SIGNATURE n. D.	Attending P Med. Staff 1/-24-69
	DEGREE	11/2.
	23C.PHYSICIAN'S NAME (Type)	5907 GWYNY OAK AVE BALTO, MQ.
		GREE
0.1.1	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF REMOVAL (Specify)	CREMATORY 24D. LOCATION (City, town, or county)
24A		
24A	BURIAL 11-24-69 CHIZUK AMUNO (ARLINGTON) ROGERS AVENUE, BALTO. MD.
24A 25A		ARLINGTON) ROGERS AVENUE, BALTO. MD. 25C, FUNERAL DIRECTOR ADDRESS SOL LEVINSON BROS. 6010 REISTERSTOWN



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior by the deceased by the contained before the remains are embalmed or final disposition is made.
--

-	7 112	-		BALTI	MORE CITY	HEALTH D	EPARTMENT	~	69 -	11000
BIR	7 - 45 TH NO.	5	9 116	606 CER	TIFICAT	TE OF	DEATH	REG. NO		TTPOD
	AME OF DECI	EASED Sodie	T., C	holden			2. DATE A	ND HOUR OF DEAT	Н	Livi D
3. 1	PLACE IN BALT	TIMORE MARYLAN	D, WHERE PRO	DOUNCED DEAL		4. USUAL A. STATE	RESIDENCE (Wh	ere deceased live. If	institution: re	sidence before odmission)
FU	LL NAME OF	(IF NOT IN H	DSPITAL OR IN	ISTITUTION, GIVE	STREET	md		Arroll		5600
HO	SPITAL OR	ADDRESS OR		DED-/	. /	C. CITY OR	TOWN	D. IN	VSIDE CITY LIF	мпs?
1	TISTO	Universi	TAR TO LA	OSDITAL	13/4		AND NUMBER	100	YES	NO _
~						Rt		x147)		
5. S	EX	6. RACE		RIED NEVER M	ARRIED 8	DATE OF	BIRTH	9. AGE (In years5"	7 If Under Months	1 Yr. If Under 24 Hrs. Doys Hours Min.
104	HELLAL OCCI	PATION (Give kind of	Wib B		ORCED	11-17	ACE (State or for	55	110 61717	EN OF WHAT COUNTRY?
	during most of v	vorking tife, even if rel	ired)		K INDUSTRI	II, DIKITIFE	On	eign county)	12. CITIZ	
13.	CIERK FATHER'S NAM	AF		Store		4. MOTHE	R'S MAIDEN NA	AAF		. S. A.
	r)	1	0	11-	ľ	/	7110.1	A 2	1 -	
15.	Wos Deceosed	DARO Ever in U. S. Arme	REYIII	1 6. SOCIAL	1	7. INFORM	ANT	Alexano	eR	ADDRESS
(Yes	, no or unknown)	(If yes, give wor o	ice) SECURIT		Mar	LeliA N	1:21	11/057	minster Md.	
	18. 201	0		CAUS	E OF DEATH	1/123.	Lelih DV	1CKOLES		APPROXIMATE INTERVAL
		E OR CONDITION								ETWEEN ONSET AND DEATH
		LEADING TO DE of mean the mod			MEDIATE CAUS			e Heart A	gilore	9mos
	heart foilure,	osthenio, etc. II m	eons the dise	ose,	JE TO, OR AS A	CONSEQUI				
		ANTECEDENT CA					mitral	1 Stenosi	· v	Vallarua
	DISEASES O	R CONDITIONS,	if ony, gi	ving (8)	IE TO, OR AS A	CONSEQU				
		obove couse CONDITION los								
		- 11		(-/						
ATION		ICANT CONDITIONS								
		ONDITION GIVEN II	V PART 1 (A).	OR WHICH OPER	ATION	20A. AU	TOPSY? (Yes or N	0) 208. IF YES, WER	E FINDINGS	CONSIDERED
CERTIFIC	0	WAS	PERFORMED			/	Vo	IN CERTIFYING	AUSES OF D	DEATH?
AL CE	OR CONTRIBU	TING CAUSE O	NG 🗌	21B. PLACE OF I home, form, facto etc.)	NJURY le.g., in pry, street, offi	or obout 21 ce bldg., IN	C. WHERE DID JURY OCCUR?	(tf in Boltin	nore City, give	exact location)
OIC/	21 D. TIME	(Month) (Day) (Year) (Hour)	21 E. INJURY OC	CHRRED	21	F. HOW DID IN	HIRY OCCUP?		
MEDIC	OF INJURY	(1700)	(100)	While At	Not While			JORI OCCUR.		
		that W(this has	-:+0 \ -++	Work	At Work	11/1	&	.19 <u>6</u> 9 to		10 66
		last saw the dec		/	19		d	/	11/19	h accurred on the date
	and the same of th	from the couses		. /	(dld_nof) vi		/			
	23A. SIGNATU						<u> </u>		23B, DAT	ESIGNED
		Jary 1	1- Lat	tin/10- 2	Atten Phys.		Med. Directar	Staff Phys.	(1/	19/69
	23C. PHYSICIA NAME (T	N'S pel 10	100	21.1		3D. ADDRE	SS			
		GARY	111. 4	HTIIN	DEGREE	Uni	VERSITY	i HOSBI:	tA1	
24A	REMOVAL IS		E 24	C. NAME of CEM	ETERY OF CREA	MATORY	1 240	LOCATION	City, town, o	r county) (State)
25.4	Burial	11-2	2-69	Wards	Chay.	al a	melery	Balto.	<u>(6</u> .	ADDRESS
25,4	OY 25	969	E. 30.6	ME OF REGISTRAL	0 0/	34	Line LV	Haisht	- 5y	Kesville, Md.
1/5	150-REV. 1/1/6	8								

12/5/69 - Correction form from funeral director.

Be.

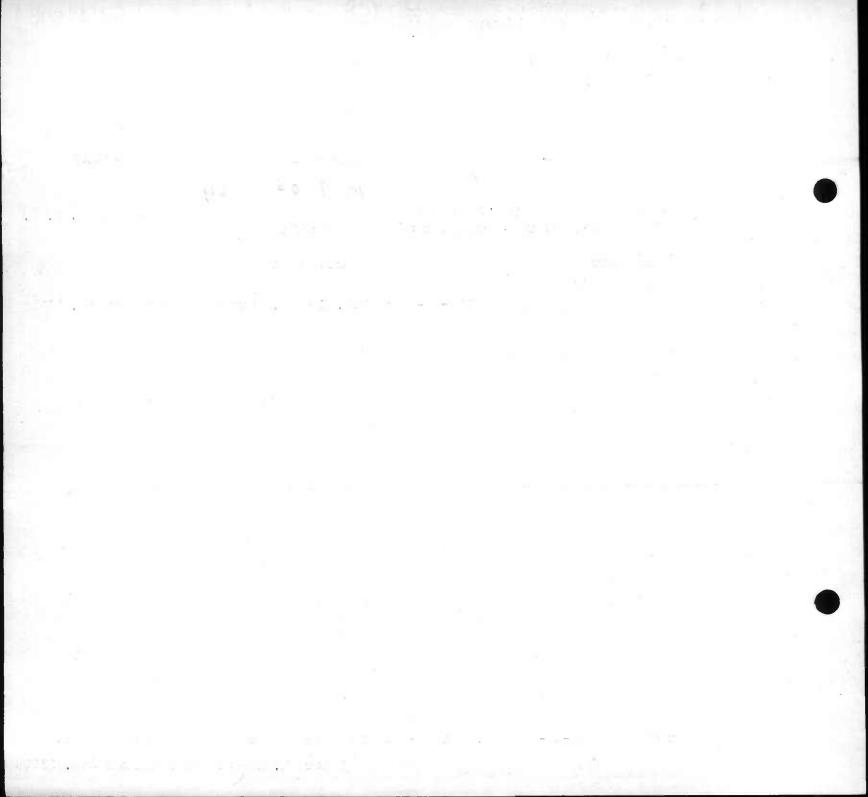
6 520	69 11607 BALTIMORE CITY HEALTH DEPARTMENT	>
5-050	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	H _

69 11607

BII	RTH NC.		MED	ICAL		VAMINAEK 2	EKIIII	CATE OF	DEAT	REG. NO		700	
T.	NAME OF DECE	ASED			==		2. DATE	Known 🔯	Month	Doy	Yeor	Hour	
	(Type or Print) CHARLES G. SCHMIDT						OF DEATH	Estimoted	Nove	mber 19,	1969		M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE	HAICED DEAD	Month	Doy	Yeor	Hour		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVESTREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION							UNCED DEAD		mber 19,		12:30	M.	
		Merc	y Hosp	ital		(DOA)	A. STATE	Maryland		B. COUNTY	residence b	etore odmis	sion)
6.	SEX	7. RACE		B. MARR	IED	NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE CIT			
Male White WIDOWED DIVORCED							Baltimore		YE:	s 🗆 ı	10 🗆		
	DATE OF BIRTH		10.AGE (Ir	y)	If U	nder 1 Yr. 11 Under 24 Hrs. ths: Doys : Hours : Min.		AND NUMBER	- D				
	arch 13,		46		12 6	III I	13. FATHER	5240 Dewitt	Road	21227			
			on country)										
1.44	Maryl			148 KINIS		WHAT COUNTRY? U. S. A.	Geo	rge L. Sch	nidt,	Jr.			
don	during most of wo	rking lile, ev	en 11 retired)			BUSINESS OR INDUSTRY	13. MOTH	K S MAIDEN NAM	E				
	BBX Inst		[0]			Telephone		a Hamm					
	WAS DECEASED	Il yes, give v	wor or dotes			SECURITY NO.	18. INFOR		1. 504		DRESS	0100-	
	Yes	Wh	/II			212-20-0555 CAUSE OF DEA		a I. Schmid	it 524	U Dewitt		21227	TERVAL
	11/3	4 C	+ 2	50,9	1				1-	44	BETW	EN ONSET AL	
			ITION DIREC	CTLY		Arteriosc	leroti	c cardiova:	scular	uisease			
	(This does not	EADING TO		lng e.g		(A) IMMEDIATE C							
	heart lallure, a	osthenio, etc	. It meons the	diseose,		DUE TO, OR A	S A CONSE	JUENCE OF:					
	injury or comp	ALCOHOIL WILL	CII COUSEG GO	,,									
		ECEDENT				(8)							
	DISEASES OF	R CONDITI	ONS, IF ANY	GIVING		(B)	AS A CONSI	QUENCE OF:					
z	UNDERLYING	CONDIT	ION LAST.			(c)							
은			11									-	
ERTIFICATION	OTHER SIGNII	FICANT CON	NDITIONS CO	ONTRIBUT	ING	Diabet	es met	1:+					
TIFI	DISEASE OR C	NOITION C	GIVEN IN PA	ART 1 (A)-									
CER	20A. DATE OF	OPERATIO	N 208. CON	NOITION	FOR	WHICH OPERATION WA	S PERFORI	MED	33 H		21. AUTOI	SY? (Yes o	r No)
	0										No)	
EDICA	UNDERLYING[TRIB-		228. F	PLACE OF INJURY (e.g., , lorm, loctory, street, office	bldg., etc.)	22C. WHERE DID (I	f In Boltimore	City, give exac			
ME	22D. TIME (N		oy) (Yeor) (Hour) 2	ZE.INJURY OCCURRED		22F. HOW DID INJ	URY OCCU	R?			-
	OF INJURY (APPROX.)					HILE AT NOT	WHILE -						
	23.	a should	eld on l			F-1							
				-			opsy	and that on th		_	-		
	resulte		loturol cau		A	céident L Suicid				ed manner _	1		
	ACTUAL	(0	12			1		CHIEF MEDICAL EX				DATE SIGN	IED
	SIGNATUI		ous	7	1	S GNU M.D.	ASS	ISTANT MEDICAL EX	AMINER	K			
	EXAMINEI NAME (Ty	R'S C	harles	S. S	pr	ingate, M.D.	ASS	OCIATE MEDICAL EX	AMINER	Nov	ember	20, 1	969
24. RE	A. BURIAL CREM	ATION, 2	248. DATE		24	C. NAME of CEMETERY	or CREMATO	ORY 24D. L	OCATION	(City, town,	or county)	(Stot	e)
	Burial	1	11-24-	69		Meadowridge	Memori	al Park D	orsey	Howa:	rd Ma	ryland	d
25,	NOV 25	Y HEALTH		25B, N.		OF REGISTRAR	25C.	FUNERAL DIRECTO	R		DRESS		
	1101 80	1000	7 7			2 8 0 0	7 10	The number	Daru 2	TO/ WIL	Kens P	ve. 2.	1229
VS	151-REV. 3/1/68			1 1	,	The State of the S		60.80					-

mer, and a series of Eur State The second second

H-620 SQ 11008 CERTIFICATE OF DEATH REG. NO. 69 11608								
BIRTH NO. 69 11608 CERTIFICATE OF DEATH REG. NO. 00 11608								
1. NAME OF DECEASED (Type or Print) HARRIS - 1 STEWART 5. 2. DATE AND HOUR OF DEATH 3-30 am 11/20/09.								
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY								
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) GUY OR TOWN								
I INSTITUTION ID. INSIDE CITY LIMITS!								
E. STREET AND NUMBER								
14906, stafford St. 21229								
S. SEX O. RACE O. MARRIED O								
10A. USUAL OCCUPATION (Give kind of wark 10B. KIND OF BUSINESS OF INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during most of working life, even if retired) Pacific and Back U. S. A.								
Rehitld Conductor River Raflroad West Virginia Hullicen								
13. FATHER'S NAME								
Alex Harris Estella Crookshanks 15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT ADDRESS								
(Yes, no ar unknown) (If yes, give war ar dates of service) SECLIBITY NO								
No 228-10-2848 Mrs. Fval O. Harris 4906 Stafford Rd. 21229 CAUSE OF DEATH APPROXIMATE INTERVAL								
BETWEEN ONSET AND DEATH								
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease,								
ANTECEDENT CAUSES (1) & Respie closy arisk.								
DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:								
rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
U DISEASE OR CONDITION GIVEN IN PART I (A). U 194. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 204. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE OF DEATH (natify medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) INJURY OCCUR?								
21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?								
While At Wark								
22. I certify that (I) (this hospital) attended the deceased from 190 19 6 19 to 190 19 6 19								
that (1) (we) last sow the deceosed olive an 3: 30 am 11/2619 69 and that in (my) (our) opinion death occurred on the date								
ond hour and from the couses stated above. (!) (We) (did) (did not) view the body after deoth. 23A. SIGNATURE 23B. DATE SIGNED								
Attending Med. Staff Director Phys.								
23C. PHYSICIAN'S NAME (Type) PRATIMA KITASTAGIR 23D. ADDRESS LETTERLA TO THE STAGIR 23B. DATE SIGNED 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) PRATIMA KITASTAGIR 23D. ADDRESS LETTERLA TO THE STAGIR								
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)								
Burial 11-24-60 Meadowridge Memorial Park Dorsey Howard Maryland								
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS								
NOV 25 1060 De S Jake One U Downard H. Hubbard 4107 Wilkens Ave. 21229								



MJ

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

7-50C	69	1160	BALTIMORE CITY S CERTIFICA			X REG. NO	69 1:	1609
1. NAME OF DECE	TOOMEY,	ESTHE	R I		2. DATE AN	BER 20,	н 1969 .	11:25A
3. PLACE IN BALTI	MORE MARYLAND, W			4. USUAI				dence before odmission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	MAR c. CITY O	YLAND 7	3416.CO.	ISIDE CITY LIMI	300
40	ST. AGNE	S HOSP	ITAL	E. STREET	AND NUMBER	15.5 41/5	YES 🔀	NO 🗌
5. SEX 6	RACE	7. MARPHED	NEVER MARRIED	B. DATE O	3 BEECHF	9. AGE (In years	21229	
FEMALE	WHITE	WIDOWED	X DIVORCED	10/1	8/76	lost birthdoy)	Months D	Yr. Il Under 24 Hrs. oys Hours Min.
done during most of wo	ATION (Give kind of work rking life, even if retired)	10B KIND OF	BUSINESS OR INDUSTRY	11. BIRTH	LACE (Stole or fore	gn country)	12. CITIZEN	OF WHAT COUNTRY?
RETIRED	HOMEMAKER			VIRG	INIA		U.S	Δ
13. FATHER'S NAM					ER'S MAIDEN NA	ME	0.0	• • • • • • • • • • • • • • • • • • • •
ANDREW			`	SARA	H (NEE SH	IELDS)MOF	RRIS	
NO	ver in U.S. Armed Ford f yes, give wor or dote	es? s of service)	16. SOCIAL SECURITY NO. NONE	Mrs. A	lyce Fali	se 1033 Be SPITAL RE	echfield	Ave 21229
18. 4/0	.41		CAUSE OF DEAT	H N	A Compa	A	0 1/	APPROXIMATE INTERVAL
	OR CONDITION DIR	ECTLY		Dise	escrero un X	ailure	curar	WEEN ONSET AND DEATH
(This does not	mean the mode of	dying, e.g.,	(A) IMMEDIATE CAL DUE TO, OR AS	ISE A CONCEOU	EN CE OF		0 1 5	***************************************
injury or compl	thenia, etc. It means calion which caused	the disease, death.)		a	cute Du	of tendes c	Kup lung	
II At	TECEDENT CAUSES		(p)					
DISEASES OR	CONDITIONS, if above cause IA)	iny, giving	(B) DUE TO, OR AS	A CONSEQ	UENCE OF:			
UNDERLYING	CONDITION last.	arding me	(C)	***********				
Z OTHER SIGNIFIC	II	ITDIDLITING						
TO THE DEATH	BUT NOT RELATED TO THE	E TERMINAL	***************************************					
19A-DATE OF O	PERATION 198 CONE WAS PERF	ORMED	HICH OPERATION	20A. AL	YES	20B. IF YES, WERI	FINDINGS CO AUSES OF DEA	NSIDERED ATH?
OR CONTRIBUTE DEATH (notify m	WAS UNDERLYING NG CAUSE OF edicol exominer)	21 Be home etc.)	PLACE OF INJURY (e.g., in p., form, foctory, street, of	or about 2 fice bldg., It	C. WHERE DID	(If In Boltim	ore City, give ex	roct locotion)
OF INJURY	Aonth) (Doy) (Yeor)		INJURY OCCURRED e At At Work		F. HOW DID INJU	JRY OCCUR?		
22. I certify th	at (I) (this hospital)			CLORE	R 29 1	69 NOVE	MBER 2	0 19 69
11 1	st saw the deceased		NOVEMBER 2		60			iccurred on the date
and have and f	ram the causes state	d above. (I)	(We) (dld) (dld nat) v	lew the ba				
23A. SIGNATURE	Ab IT	7)	Au	nding [Med -		23B. DATE S	
23C. PHYSICIAN	11.11.1		DEGREE Phys	. U		Shaff Phys.	11-7	0-69
NAME (Type)			3D. ADDRE	BALLIM	DRE , MARYL		229
24A. BURIAL CREM	SIDRO	24C. NA	M.D. OEGREE!			CATION (CAT		ILKENS AVES
Burial	11-24-69		idon Park Ceme				City, town, or co	•
25A. DATE REC'D BY		258 NAME OF	REGISTRAR		NERAL DIRECTOR	altimore, 1		ADDRESS
NOV 25 19	69 Jabara E.	Jaker!	(1)			bard 4107	Wilkens .	Ave. 21229

The second secon

G-125 69 11610

BALTIMORE CITY HEALTH DEPARTMENT	
 =11111111111111111111111111111111111111	

					00	
L	EXAMINER'S	CERTIFICATE	OF	DEATH REG NO	69	11610

-	, , , ,		WEL	ILAI	L []	AMINEK 3	JEKIIFI	CALLO	r DEAT	H	UU	エエリ	111
BIR	TH NC.									REG. NO.		0	
1.	NAME OF DEC	CEASED	A,				2. DATE	Known 🔲	Month	Day	Year	Hour	
			NEY G				DEATH	Estimated []				14
4. 1	PLACE IN BAI	TIMORE, MA	ARYLAND, Y	VHERE P	RONO	UNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	М.
HO	L NAME OF SPITAL INSTITUTION	(IF NO	ESS OR LOCA	AL OR INS	STITUTIO	ON, GIVE STREET		RESIDENCE (Who		per 18,1		11:4	M.
4	O ST.	AGNES 1	HOSPITA	L			A. STATE	Maryland	ere deceosed it	B. COUNTY	residence	15 S	(1)
6, 5	EX	7. RACE		8. MARI	RIED [NEVER MARRIED	C. CITY O	RIOWN		D. INSIDE CIT	TY LIMITS	7 0	0.1
	Male	Whi		WIDOV			Balt	imore		YE	s 🗆	No 🗆	
	ATE OF BIRT		lost birthdo	y)	If Un Month	der 1 Yr. II Under 24 Hrs. is Doys Hours Min.		AND NUMBER					
	arch 20.		1	50				Letitia A	Avenue	21230			
11.	BIRTHPLACE (gn country)			TIZEN OF	13. FATHER					-	
		land				U. S. A.	Geon	rge W. Gi	bson				
I4A.	USUAL OCCU during most of v	PATION (Giver vorking lile, ev	va kind oi work van if relired)	14B. KINI	OFB	USINESS OR INDUSTRY	15. MOTH	R'S MAIDEN N.	AME				
	Guard			Kopp	ers	Company	Mary	D. Elia:	son				
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE	52	17. SOCIAL	IB. INFOR	MANT		AD	DRESS		
1.00	Yes		WII	or service	,	SECURITY NO. 215-09-5417	Mildre	ed E. Gib	son 330	9 Bero R	load.	Balto	21227
	19.	5.1				CAUSE OF DEA						APPROXIMATE I	NTERVAL
	DISEAS	E OR COND	DITION DIREC	CTIY		Arterios	sclerot	ic Cardio	ovascula	ar Disea		TWEEN ONSET	IND DEATH
		LEADING TO				(A)IMMEDIATE C				2 22000			
	heart follure	, osthenio, etc	mode of dy	diseose.		DUE TO, OR A	S A CONSEC	UENCE OF:					
	Injury or con	nplication whi	ch coused dec	th.)									
	1A	NIECEDENT	CAUSES			(a)							
	DISEASES O	OR CONDITI	ONS, IF ANY	GIVING		(B) DUE TO, OR	AS A CONSE	QUENCE OF:	***********				
-	UNDERLYIN	IG CONDIT	USE (A) STAT	ING THE									
ĺδ.			11			(C)							
CERTIFICATION	OTHER SIGN	IFICANT CO	II NDITIONS CO	NTRIBU	TING								
H	DISEASE OR	CONDITION	RELATED TO	THE TERM	INAL	*************			******************				
ER	20A. DATE OF	OPERATION	N 208. CON	IDITION	FOR V	HICH OPERATION WA	S PERFORA	AED			21. AUT	OPSY? (Yes	or No)
	0												
3		NAL CAUSE			228.PL	ACE OF INJURY(e.g.,	In or obout 2	22C. WHERE DID	(II In Boltimor	e City, give exoc	t location	,	
	UNDERLYING UTING CA				home,	lorm, loctory, street, office	bldg., etc.) I	NJURY OCCUR?	V		. Iocanon		
Σ	22D. TIME (oy) (Yeor) (Hou	r) 22	E.INJURY OCCURRED	2	2F. HOW DID II	NJURY OCCU	JR?			
	OF INJURY (APPROX.)				m. W	ILE AT NOT	WHILE						
	23.				_								
	I certi	Ify that I h	eld on Ir	quiry L	J .	Inspection X Aut	opsy _	ond that on	this basis,	deoth In my o	plnion		
	result	ed from: N	otural cour	ses X	Ac	cldent 🔲 , Suicid	e He	omicide 🗌	Undetermin	ed manner]		
		6) . /	1111	1/	,/		CHIEF MEDICAL	EXAMINER				
	SIGNATU	JRE /	wy	MI	lu	M.D.	ASS1	STANT MEDICAL	EXAMINER	×		DATE SIGI	NED
	EXAMINE	ER'S	13 1	T 17 -	L			CIATE MEDICAL	EXAMINER		11/1	0/60	
240	NAME (T	7 - 7		N. Ko		lum,M.D.					11/1	19/69	1000
REN	BURIAL CREA OVAL (Specif	y)	4B. DATE		24C	NAME of CEMETERY	or CREMATO	DRY 24D	LOCATION	(City, town,	or county	(Sto	te)
_	Buria1		11-24-		В	altimore Nat				more, Ma	ry la	nd	
25A	NOV 25	1000	DERT.	258 N	AME C	OF-REGISTRAR	25C. I	FUNERAL DIRECT	TOR	AD	DRESS		1220
_	1101 150			10		-6-0)	7 110	vard H. H	appard	+10/ W11	kens	Ave. 2	1229
A2 I	51-REV. 1/1/68				1		U	67 6 6	2				

新州市(本大学、東京、日本学社) (日本の 本社 まいまたまで 東西主義 (大学 日本 1942年) (日本 1942年) (日 图10年),主体是有效。2.11万亿大学,并经历间间,2.14.10万亿元之间,10万亿元。

	1	1) - 11/50
2002	PUDI	TH NO.
ath sed the the		AME OF DECEASED
deat deat ease n th Suc		e or Print) B
± + 0 o €	3. F	PLACE IN BALTIMORE,
hospi ise o (5) D ance deat	FLII	LL NAME OF (IF N
a hos cause se; (5) endan	HO	SPITAL OR ADE
		/ 201
ting d cau r afte prior e.		4221
buti ned lar d pr		Balt
trib min gulo sed ma	5. S	EX 6. RACE
ath occu or contril idetermir in regul deceased	L.	M
d co		USUAL OCCUPATION during most of working life
death occurred to a contribution Undetermined consists in regular a e deceased pricipition is made.	_	upt. Post Of
f de ect o () Un was he posit	13.	FATHER'S NAME
. 54 + S		George R.
istant he dir kind; (death ce on nal di	15. V	Was Deceased Ever in U
the the kin dec nce		No
s ass any ced ndan or f		18. 4109
ner or his as er. Also, if cture of any pronounced lar attenda		DISEASE OR CO
Also, re of concounce of catternation		LEADIN
		(This daes not mean heart failure, asthenia,
aminer. A fracture, who proprogrammer regular		injury ar camplication
fra fra emin		ANTECE
xami xami) A fr who rego		DISEASES OR CON
ex (3) (3) in s all		rise to the above UNDERLYING COND
y the chief medical tall by a medical e; (2) Body burns; (3) here the physician was it before the remains		
f medical medical y burns; physicic ian was e remair	NO O	OTHER SIGNIFICANT CO
n n n n n n n n n n n n n n n n n n n	ATI	TO THE DEATH BUT NO
by a mee by a mee 2) Body bu re the phy physician fore the re	CERTIFICATION	19A. DATE OF OPERATI
y the Book	ERT	0
he cl by (2) B re tl phy fore		OR CONTRIBUTING
red by the hospital b nature; (2) spt where (6) No phined befor	MEDICAL	DEATH (notity medical
ved by 1 hospita nature; ept whe d (6) No ained be	ED	21 D. TIME (Month) OF INJURY
hosp natu ept d (6) aine	2	(APPROX.)
bt x x x		22. I certify that (I)
ar (e		that (I) (see) last say
dent of death)		and have and from th
dent of death)		23A. SIGNATURE
leased trident of hospita o death		Mewlar
a a co		23 C. PHYSICIAN'S
ficate must be a was released to An accident of A. at a hospital prior to death)		23C. PHYSICIAN'S NAME (Type)
dy w (1) A (2) A (2) A (3) A (4) app	24A	BURIAL CREMATION,
チャロのから	244	REMOVAL (Specify)
his cer he boc hows: vas D.		Burial
This the show was dece	25A	OV OF 1000
たちゃ きゅき	N	COE1 62 A O
	VS	150-REV. 1/1/68

(1) 21/- 00 11011	ICATE OF DEATH REG. NO. 69 11611
1. NAME OF DECEASED (Type or Print) BENJAMIN F. WICKLEIN, Sr.	November 19, 1969
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY Maryland C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS?
4221 Massachusetts Avenue Baltimore, Maryland	E. STREET AND NUMBER 4221 Massachusetts Avenue 21229
5. SEX 6. RACE 7. MARRIED X NEVER MARRIED WIDOWED DIVORCE	□ □ 9 • 23 • 189 75
10A. USUAL OCCUPATION (Give kind of work lob. KIND OF BUSINESS OR INDidene during most of working life, even if retired) Supt. Post Office	
George R. Wicklein 15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Susan Hiss 17. INFORMANT ADDRESS 21220
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. NO 18. CAUSE OF	Edna S. Wicklein 4221 Masachusetts Ave.
heart failure, asthenia, etc. It means the disease,	SCUD with Coroney Disinse 12 hrs OR AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, str	(lt In Boltimore City, give exact location) reet, office bldg., INJURY OCCUR?
	of White D
22. I certify that (I) (this haspital) attended the deceased from that (I) (see) last saw the deceased alive an and haur and from the causes stated above. (I) (see) (did) (deceased alive an and haur and from the causes stated above. (I) (see) (did) (deceased alive an and haur and from the causes stated above. (I) (see) (did) (deceased alive an and haur and from the causes stated above. (I) (see) (did) (deceased alive an and haur and from the causes stated above. (I) (see) (did) (deceased alive an and haur and from the causes stated above. (I) (see) (did) (deceased alive an and haur and from the causes stated above. (I) (see) (did) (deceased alive an and haur and from the causes stated above. (I) (see) (did) (deceased alive an and haur and from the causes stated above. (I) (see) (did) (deceased alive an and haur and from the causes stated above. (I) (see) (did) (deceased alive an and haur and from the causes stated above. (I) (see) (did) (deceased alive an and haur and from the causes stated above. (I) (see) (did) (deceased alive an and haur and from the causes stated above. (I) (see) (did) (deceased alive an and haur and from the causes stated above. (I) (see) (did) (deceased alive an and haur and from the causes stated above. (I) (see) (did) (did) (deceased alive an and haur and from the causes stated above. (I) (see) (did) (di	Attending Attending Med. Director Phys. 23B. DATE SIGNED Movember 19,1969
24A. BURIAL CREMATION, PARENCY IN PROPERTY BURIAL (Specify) 11-22-69 Lorraine Park	k Mausoleum Woodlawn Baltimore Maryland
NOV 25 1969 C. Salley 8.0.9	Boward R. Hubbard 4107 Wilkens Ave. 21229

acit Byweld Sofert Ascess with Group Brown 100

Bearings 18 18

4 + 33-d St Balls and 2 - 1

1	60 11010 BALTIMORE CITY	HEALTH DEPARTMENT 69 11612					
ه ج	D-500 69 11612 CERTIFICA	TE OF DEATH REG. NO.					
Suc	NAME OF DECEASED Type of Print) JOHN P. DONAHUE	2. DATE AND HOUR OF DEATH November 19, 1969 250. M.					
a + b	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY					
de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	Maryland c. CITY OR TOWN D. INSIDE CITY LIMITS?					
	2710 Huron Street	Lakeland YES NO ESTREET AND NUMBER					
prior	Baltimore, Maryland 21230	2710 Huron Street					
Sed	Male White WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday) 6-13-1900 9. AGE (In years Months Doys Hours Min.					
- S	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY Jone during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
di tio	MR Iron Worker Maryland Dry Dock	Maryland U.S.A.					
Sod	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
11	Peter Donahue	Margaret Watson 17. INFORMANT ADDRESS					
	S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown (If yes, give war or dates of service) No	Mrs. Anna Donahue, 2710 Huron Street 21230					
physici fore the	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21B. PLACE OF INJURY (e.g., in the condition of the part of the par	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? To or obout 21C. WHERE DID (If in Boltimare City, give exect lacotion) fice bidg., INJURY OCCUR?					
5 7 5	DEATH (notify medical examiner) etc.) 21D.TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?					
tain ((APPROX.) While At Not While At Work						
	22. I certify that (1) (this haspital) attended the deceased fram	10-14 19 to 11-19 1969					
	that (I) (we) last saw the deceased alive an 10-22-19-9 and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above. (I) (We) (did) (did not) view the bady after death.						
	23A. SIGNATURE	nding Med. Staff Phys. 123B, DATE SIGNED					
	23c. PHYSICIAN'S NAME (Type) Dr. Cesar J. Pellerano DEGREE	2436 Washington Blvd., Balto., Md.					
written ap	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE						
1	Burial 11-22-69 New Cathedral Cem	25C. FUNERAL DIRECTOR ADDRESS					
	MIIN 37 1302 Waste of Jackson Line A	Howard H. Hubbard, 4107 Wilkens Ave. 21229					

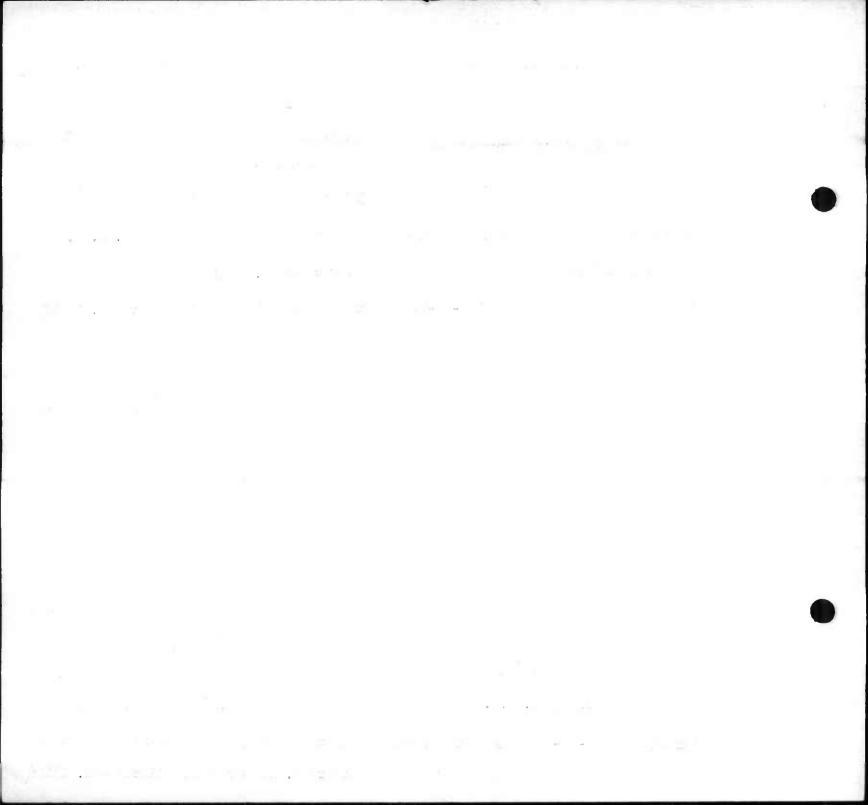
and "pilitage:

IMPORTANT FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT 69 11613 69 11613 CERTIFICATE OF DEATH Such t if death occurred in a hospital and irect or contributing cause of death (4) Undetermined cause; (5) Deceased I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo o JOHN S. ROACH 12:36 AM eath. 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence A. STATE

B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance FULL NAME OF HOSPITAL OR INSTITUTION MARYLAND BALTIMORE (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) ō C, CITY OR TOWN 0 D. INSIDE CITY LIMITS? prior ST AGNES HOSPITAL made. regular 5. SEX 6. RACE deceased 7. MARRIED X NEVER MARRIED WHITE MALE WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY isposition done during most of working life, even if retired) Western Electric Special Police Was the 13. FATHER'S NAME the direct Eugene Roach assistant death 0 7 kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown)[(I) yes, give war or dates of service) 6. SOCIAL or final SECURITY NO. attendance 216-09-2258 any pronounced CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY regular atter A fracture of LEADING TO DEATH (A) IMMEDIATE CAUS (This does not meen the mode of dying, e.g., DUE TO, OR AS A heart foilure, asthenia, etc. It means the disease, the chief medical examiner injury at complication which coused death.) ANTECEDENT CAUSES who are DUE TO, OR AS DISEASES OR CONDITIONS, if any, giving 3 rise in the obave cause (A) stating the hospital (except where the physician to death); and (6) No physician was in UNDERLYING CONDITION lost obtained before the remains by a medical any nature; (2) Body burns; п CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in farm, foctory, street, affi hame. the body was released to the hospital MEDICAL DEATH (natify medical examined by 21D. TIME OF INJURY (Month) (Doy) (Year) (Haur) 21 L INJURY OCCURRED approved While At Not While (APPROX.) Work 22. I certify that (1) (this hospital) ottended the deceased fram h); that (1) (we) last saw the deceased office on of and haur and from the causes stated above. (1) (We) (did) (did not) vic certificate must be must An accident 23A SIGNATURE was D.O.A. at a ho deceased prior to written approval n Attend Phys. 23C. PHYSICIAN'S JOHN C. HEALY, M.D shows: (1) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREA 11-24-69 Meadowridge Memor Burial 25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR

ARBUTUS	YES NO A
E. STREET AND NUMBER	
1203 POPLAR AVENUE	
DATE OF BIRTH 9. AGE (in years last birthday)	Months Doys Hours Min.
3/1/04 65	
1. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Maryland	U. S. A.
4. MOTHER'S MAIDEN NAME	
Elizabeth A. Ruff	
7. INFORMANT	ADDRESS
Irma Annetta Roach 1203	Poplar Ave. 21227
Pat He	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CONSEQUENCE OF:	acree / he
A Myrcardial	forfuels 4months
CONSEQUENCE OF:	
edite Mellite	
20 A. AUTOPSY3 (Yes or No.) 20 B. IF YES, W	TERE FINDINGS CONSIDERED CAUSES OF DEATH?
or about 21 C. WHERE DID (If In Bole bidg., INJURY OCCUR?	timore City, give exoct location)
21F. HOW DID INJURY OCCUR?	
Feet 1955 to	Mar 19 1969
	apinian death accurred an the date
w the bady after death.	-L.man event accounce on the date
	238, DATE SIGNED
ling Med. Staff Phys.	11/19/69
D. ADDRESS 1311 FRANCIS AVENUE, BAI	TO., MD. 21227
ATORY 24D. LOCATION	(City, town, or county) (Slote)
rial Park Dorsey	Howard Maryland
Howard H. Hubbard 410	7 Wilkens Ave. 21229



B-	-615 69	11011 BALTIMORE	CITY HEALTH DEPARTMENT	g. No. 69 11614
BIRTH N	10.	11614 CERTIFIC	CATE OF DEATH	
(Type or	BURAGINA (7202099 <u>2</u> Joseph	2, DATE AND HOUR C	9 5,15P N
FULL N HOSPITA INSTITU	AL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET (TION)	MARU/AND Ball C. CITY OR TOWN	D. INSIDE CITY LIMITS? YES NO X
LUI	MERAN HOSPIN	al OF MARYLAND	13/8 Balakin,	DAITON, RD.
S. SEX	6. RACE WhiTE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9, AGE (In last birthdo	
	ring mast of warking life, even if retired) Retired	Steel Co.	I taly	Josephan USA
13. FATE	HER'S NAME		14. MOTHER'S MAIDEN NAME	C
	Anthony 1	Buragino	Cather	rine ?
15. Was (Yes, na	Deceased Ever in U. S. Armed For or unknown) (If yes, give war ar date	ces? s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Mary Hartka	(Same)
NO OTH TO DIS	ANTECEDENT CAUSES SEASES OR CONDITIONS, if B IO THE OBOVE COUSE (A) NDERLYING CONDITION TOST. HER SIGNIFICANT CONDITIONS CO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE ASE OR CONDITION GIVEN IN PAR	Stating the (C)	RAS A CONSEQUENCE OF: DISC	
RTIFIC 184	DATE OF OPERATION 198. CON	IDITION FOR WHICH OPERATION FORMED	20A. AUTOPSY? (Con or No) 20B. IF Y	YES, WERE FINDINGS CONSIDERED TEYING CAUSES OF DEATH?
OR	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (natify medical examinet)	21B. PLACE OF INJURY (chame, farm, factory, streetc.)	.g., in ar about 21°C. WHERE DID (II t, office bldg., INJURY OCCUR?	f in Baltimore City, give exact lacotian)
21 D OF	PROX.) (Manth) (Day) (Year)	(Haur) 21E. INJURY OCCURRED While At Nat Wark		
onc 23A	S. SIGNATURE VIOLETS PHYSICIAN'S	11 01	19 69 ond that in(my)	19.69. (our) opinion death occurred on the do
24A. 8L	NAME (Type) VIOLETA R URIAL CREMATION, 248. DATE EMOVAL (Specify)	GAMARRA.R. Mo	731 Ashburton St CREMATORY 24D. LOCATION	Battimore Maryla. (City, town, or county) (State)
-	rial 11/25/6		Cemetery Baltimo	ore. Md.
		258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS

THE RESERVED TO THE RESERVED T BATTIPPEREZEETH Lutheran Hospital of MARYING HALL White 98-6-6

TINTA

213-07-9815-A

Broken Harlest

83.

atemorkeetii Conhermenle.

No

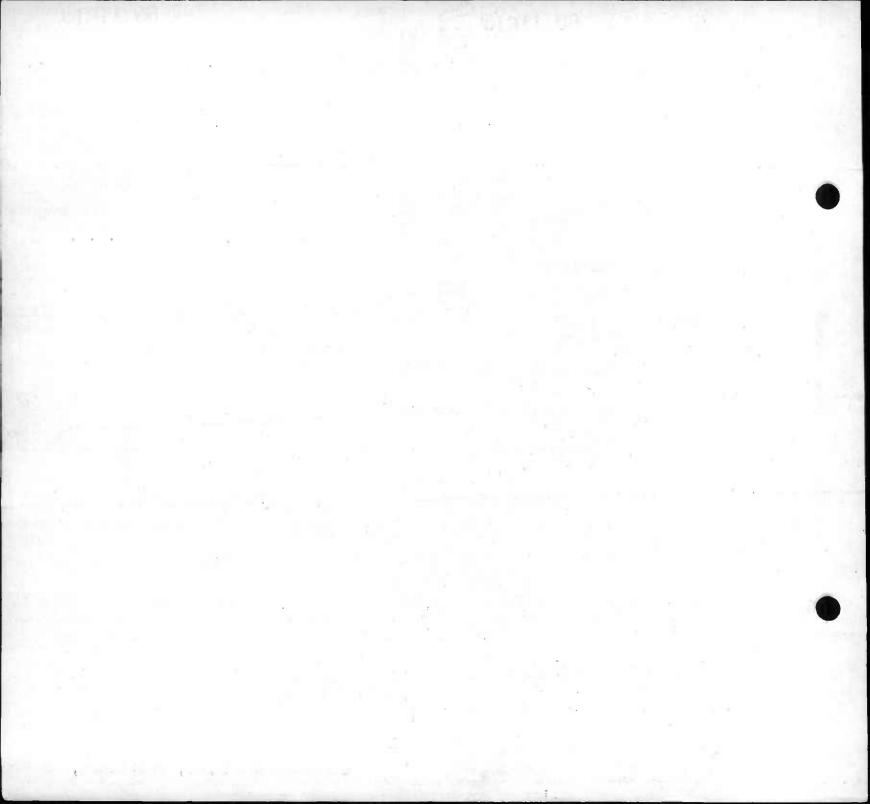
08-01, 80 18-11

Vielety B. Gen much WOLETAR & TERMORAL A. S. M.D. 731 Ashburton St Baltimore Harried

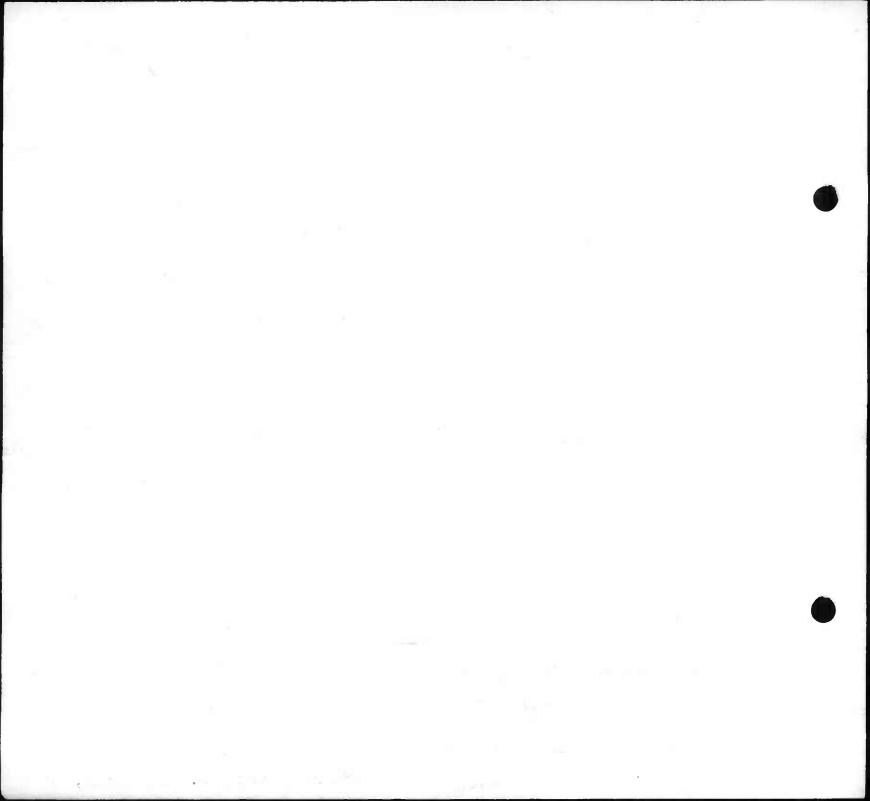
ale and and a substitution of

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

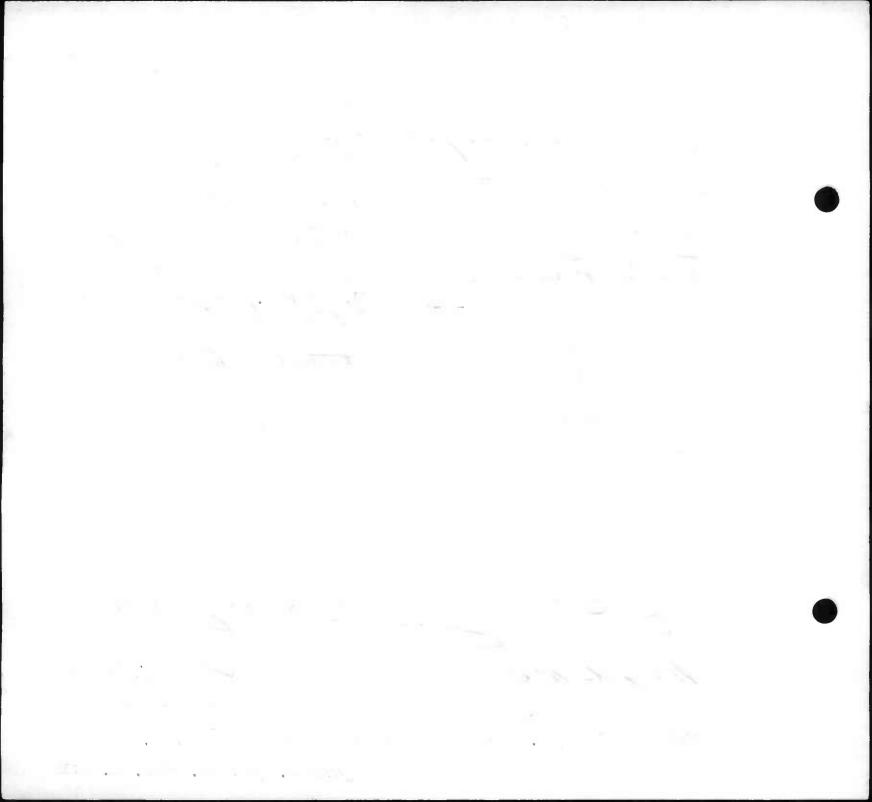
6	8 = 75 00 11-	BALTIMORE CITY	HEALTH DEPARTMENT	69 11615
1	5-535 69 116	15 CERTIFICA	TE OF DEATH REG. NO	0. 00 11010
	H NO.	CERTITION		
	AME OF DECEASED	B	2. DATE AND HOUR OF D	EATH OAZI O
	LILLIAN-L	DENTO	0 11-21-69	- 8.30 H.M.
3. PI	LACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	A. STATE B. COUNTY	d. If institution: residence before admission)
HO:	L NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	-/	c. CITY OR TOWN	INSIDE CITY LIMITS?
INS	MONTEBELLO SE	TOTE 1050	Billi. Ind	YES NO
L	BACT.		E. STREET AND NUMBER	
91			734 Gratt	Of.
S. SE	6. RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthdoy)	s II Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.
	F WIDO	WED DIVORCED	10-25-01 600	62
	USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired)		Managara d	II 0 4
	dousewife		Maryland 14. MOTHER'S MAIDEN NAME	U.S.A.
13. F				
	William Gregory		Emma Greaves	
15. W (Yes,	Vos Deceosed Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	No	214-14-5379	Mrs Mary Egerton 5	406 Biddison Ave
	1B.	CAUSE OF DEAT		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		11	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	AND DATE CAL	* HEPATIC TAI	ILURE > MO.
	(This does not meon the mode of dying,		A CONSEQUENCE OF:	
	heart failure, asthenia, etc. It means the disc injury or complication which caused death.)	eose,		
			== 110= = == 1	== 10£ 111 A
	ANTECEDENT CAUSES	(B)/	RRHOSIS OFLIUR	EIZ, IUTUINO.
	DISEASES OR CONDITIONS, if ony, gi	*1119	A CONSEQUENCE OF:	
	rise to the obove couse (A) stoling UNDERLYING CONDITION lost.	(c)		
1		(0)		
z	II OTHER SIGNIFICANT CONDITIONS CONTRIBUT	NG		
일	TO THE DEATH BUT NOT RELATED TO THE TERMI			
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B-CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES.	WERE FINDINGS CONSIDERED
픋	WAS PERFORMED	or which or Erzhold	IN CERTIFYIN	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
2	21A ACCIDENT WAS UNDERLYING FO	219 01 4 65 05 1411104 /	Y 12-5	100
	21 A. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF	21B. PLACE OF INJURY (e.g., i home, farm, factory, street, of	fice bldg., INJURY OCCUR?	oltimore City, give exact location)
U	DEATH (notify medical examiner)	etc.)		
ā	21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
2	OF INJURY (APPROX.)	While At Not While		
		Work L At Work		
	22. I certify that (W(this haspital) attend	led the deceased fram	10-30- 1804 ta	1/-2/ 1964.
	that (I) (we) lost saw the deceased alive	an 1/2/	19 6 9 - and that In(my) (au	r) apinion death accurred an the date
	and how and from the couses stated above	1		
II .	23A. SIONATURE	ve. (r) (we) tale) (die net)	new the bady after death.	238, DATE SIGNED
	23A. SIGNATURE	AH	nding Med. Shaff	23B. DATE SIGNED
	Jumme malley	MCCOUNT DEGREE Phy	s. Director Phys.	12/164-
4	23C. PHYSICIAN'S	110	23D ADDRESS	SOME NOSD.
			MION- 1=1717000	4 4 4 7 1 , 1
	PIAN MICHO IN ATER	OMANITE	RAI (77)	
	KITY MUND WITTER	C NAME OF CEMETERY OF CR	TOPLOO,	(City town or county) (State)
	BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRI	MATORY 24D. LOCATION	(City, town, or county) (Stote)
24A.	BURIAL CREMATION, 24B. DATE 24	C.NAME of CEMETERY of CRI		
24A.	Burial CREMATION, 24B. DATE 24B. DATE 11/25/69		Easton M	Maryland ADDRESS
24A.	Burial CREMATION, 24B. DATE 24B. DATE 11/25/69	Spring Hill	Easton M	Maryland ADDRESS



1	M-460 69 11616 CEDITIES OF DEATH X REG. NO. 69 11616
ath sed the uch	BIRTH NO.
0000	ITYPE OF PHINT MRS ROSE A MILLER 2. DATE AND HOUR OF DEATH WOVEMBER DE 1969 10'SED
+ 4 0 -	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before decision)
2 0 0 0	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARY CAND BY HE
2 70	INSTITUTION D. INSIDE CITY LIMITS?
0 2 9	CHURCH HOME AND HOSPITAL ESTREET AND NUMBER
ting d cau r att prior e.	35 E. STREET AND NUMBER 909 CROM WELL BRIDGE Pd.
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years if Under 1 Yr., if Under 24 His.
occur ontrik ermin regul eased is ma	WIDOWED DIVORCED 7-28-84 (5)
co dete	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ii d	HOUSEWIPE LOWA AMERICA
if dect 4) U wa the spos	Total Division Manual M
dire dire di (4	15. Was Deceased Ever in U. S. Anned Faices? 16. SOCIAL 17. INFORMANT ADDRESS
the d the d kind, deat deat ince o	No.
F 4 7 10 0 .	18. // 2 2 A CAUSE OF DEATH Same
E 0 - E 0 0	DISEASE OR CONDITION DIRECTLY VENTUCULAR FIBRICATION BETWEEN ONSET AND DEATH HOURS
A e e E	(This does not mean the made of dying, e.g., (A) IMMEDIATE CAUSE OUIS TO OR AS A CONSEQUENCE OF
miner. fractu o pro gular emba	head failure, asthenia, etc. It means the disease, injury or camplication which caused death.) HYPENTERISUE CERDIOUS COLLER DISEASE WELLS
amir min fra ho egul	ANTECEDENT CAUSES (8)
exam 3) A (wh n re	injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (B) DUE TO, OR AS A CONSEQUENCE OF: CEVERIOVASCULAR ACCIDENT DAYS (C)
lical tal e ns; (; ician as ins	(6)
BH IN S ≯ E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
of med dy bu	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). DISEASE OF OPERATION 198. CONDITION FOR WHICH OPERATION 208. AUTOPSY? (Yes of Not) 208. IF YES, WERE FINDINGS, CONSIDERED
by a 2) Bod re the the physic fore th	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
for to	IOP CONTRIBITING CALLER OF THE STATE OF THE
> E S E Z P	DEATH (notify medical exominer) etc.)
hosp natur ept w d (6)	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
rover hy ne	None I wilk I
d + E .	22. I certify that (1) (this hospital) attended the deceased fram NOVEMPTER 9 19 69 to NOVEMBER 2/ 19 69 that (1) (we) last saw the deceased alive an NOVEMPTER 2/ 19 69 and that in (m) (aur) apinian death accurred an the date
005-	and hour and fram the causes stated abave. (We) (did) (did) view the bady after death.
eased eased ident hospit o deat must	23A. SIGNATURE 23B, DATE SIGNED
- V E A	Clzaa U, fole of MD DEGREE Phys. Director Director MNV. 21, 1969
rificate my was rely was rely An acc A.A. at a ld prior to	23C. PHYSIGIAN'S NAME (Type) CT XD & (DDC) - AD) CAPIDCH HOLES VAID (DDC) - AD) (DDC) - AD) (DDC) - AD)
certific body w /s: (1) A D.O.A. ased pi	24A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, 6r county) (Stote)
E-B 0 0 -	Runial 37/05/60 D
his how how do	25A, DATE REC'D BY HEALTH DEPT. 25E, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS
E # 18 8 9 3	VS 150-REV. 1/1/68 Leonard J Ruck Inc. Baltimorme, Md



69 11617 BALTIMORE CITY HEALTH DEPARTMENT 69 11617 CERTIFICATE OF DEATH of death etermined cause; (5) Deceased Such 1. NAME OF DEGEASER 2. DATE AND HOUR OF DEATH (Type or Print) LO hospital 0/10002 00 death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence ance A. STATE COUSe FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Ild attend C. CITY OR TOWN D. INSIDE CITY LIMITS? 0 0 Memoria YES KA NOL prior contributing E. STREET AND NUMBER occurred de. regular S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH mac 9. AGE (In years If Under 1 Yr. Months! Doys deceased Il Under 24 Hrs. last birthday Whi ta Female WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole of foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) .⊑ (4) Und Housewife Was the 13. FATHER'S NAME direct 14. MOTHER'S MAIDEN NAME * Robinson assistant 15. Was Deceased Ever in U. S. Armed Farces?
[Yes, no or unknown] [If yes, give war ar dates of service) death LO T kind; 17. INFORMANT
Mr. Charles C. 6. SOCIAL final ADDRESS (Sa me) SECURITY NO. 15-22-1064 Schroeder attendance No any pronounced CAUSE OF DEATH 0 18. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed (3) A fracture of LEADING TO DEATH (A) IMMEDIATE CAUSE untrac 1This does not mean the mode of dying, e.g., DUE TO. OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease. regular inius ar camplication which caused death.) ANTECEDENT CAUSES who (B)______DUE TO, OR AS A CONSEQUENCE OF: are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the the physician remains UNDERLYING CONDITION last Was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). (2) Body the 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 8 WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 218. PLACE OF INJURY (e.g., in as about 21C, WHERE DID hame, form, factory, street, affice bidg., INJURY OCCUR? (Il in Baltimore City, give exact location) to the hospital °Z MEDICAL DEATH (notify medical examined any nature; obtained 9 (Month! |Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (except Not While (APPROX.) and Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an and that in (my) (out) apinian death accurred an the date o hospital death) the body was refeased shows: (1) An accident and haur and from the causes stated above. (1) (We) (did) (dld nat) view the body after death. must 23A. SIGNATURE Attending | Med. 0 Staff u approval Phys. 8 23C. PHYSICIAN'S prior 23D. ADDRESS ģ NAME (Type Union Memorial Hospital D.O.A. 24A. BURIAL CREMATION, REMOVAL (Specify) Burial eceased 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State) Written 11/26/69. Moreland Memorial Mass Cemetery Baltimore, Md. Was 25C. FUNERAL DIRECTOR Monard J. Ruck, Inc. Balto. Md. 21214 VS 150-REV. 1/1/68



BALTIMORE CITY HEALTH DEPARTMENT 69 11618 69 11618 CERTIFICATE OF DEATH pital and of death Such Deceased 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH LO (Type or Print) NOVEMBER 2 2/1969 8:30PM
4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY hospital 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance (4) Undetermined cause; (5) P contributing cause FULL NAME OF HOSPITAL OR INSTITUTION MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) attend C. CITY OR TOWN 8 0 D. INSIDE CITY LIMITS? BALTIMORE NO YES 🔀 MEMORIAL HOSPITAL on the deceased prior disposition is made. E. STREET AND NUMBER occurred GARDEN 4700 HARFORD regular 5. SEX 8. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 Yt. 7. MARRIED NEVER MARRIED Hours Min. FEMALE WIDOWED X 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY? __ done during most of working life, even if refired)
Housewife & Clerical MARYLAND 4. S. A. Was 13. FATHER'S NAME direct 14. MOTHER'S MAIDEN NAME UNKNOWN death 0 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (if yes, give wor or dotes of service) 17. INFORMANT final SECURITY NO. gular attendance embalmed or fina 2000 WINFORD No 214-20-0643 MRS MARY L EVERING RD. BALTIMORE pronounced CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CEREBRO-VASCULAR ACCIDENT (A) IMMEDIATE CAUSE (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. Il means the disease, DUE TO, OR AS A CONSEQUENCE OF regular injury or complication which caused death.) **ANTECEDENT CAUSES** ARTERIOS CLEROTIC VASCULTAR DISEASE
DUE TO, OR AS A CONSEQUENCE OF: Gre DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the 5 HYPERTENINE HEART DISSASE physician obtained before the remains UNDERLYING CONDITION lost (6) No physician was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). accident of any nature; (2) Body 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED the 20A. AUTOPSYTTYES of No. 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR? (Il In Boltimore City, give exact location) to the hospital MEDICAL DEATH (notify medical examined 21D. TIME OF INJURY (Month) (Doy) (Year) (Houd) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (except Not While (APPROX.) and At Work 22. I certify that (1) (this hospital) attended the deceased from NOVEMBER 22 19 69 10 that (1) (we) lost saw the deceased olive on NOV 22, 1969 1969 ond that In(my) (our) opinion death occurred on the date eath) hospital the body was released shows: (1) An accident and hour and from the causes stated above. (1) (We) (did) (did nat) view the body ofter death. must 23A. SIGNATURE Ö Attending prior to approxal O 23C-PHYSICIAN'S NAME (Type) THE TINION MEMOR ŧ AR SUBJULT YUL/7 D.O.A. 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 11/26/ eceased 24D. LOCATION (City, town, or county) written 11/26/69. Loudon Park Cemetery Baltimore, Md. Leonard J. Ruck, Inc. Balto. Md. 21214

THE UNITED A ENTITAL

DE SUL LIT Y

4	3-520 69 11619 BALTIMORE CIT	Y HEALTH DEPARTMENT REG. NO. 69 116:	19
	CERTIFICA	ATE OF DEATH REG. NO.	10
	PE OF POINT AND THE PERSON AND THE P	2. DATE AND HOUR OF DEATH	
3.	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before	-AN
FU HC	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Md 2700	odmission
£	STITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?	,
6	Union Memorial Hospital	E. STREET AND NUMBER 5603 Fair Oaks Ave]
5. 5	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Uni	dor 24 Hrs.
	WIDOWED DIVORCED	11.024.05 lost birthdoyl Months Doys Hours	Min,
OA Ion	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT	COUNTRY
	Hout	Md USA	
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Herman proceeds Michels	Katherine Expense Eifert	
Yos	Was Deceased Ever in U. S. Armed Forces? s, no or unknown! (If yos, give wor or dates of sarvica) No. 2111-22-2775	Miss Mary Spack (Same) Hospital Chart (Same)	
	18. 4/0. 9 1 CAUSE OF DEA	H APPROXIMATE	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	mys carbal Infancia	AND DEATH
	(A) IMMEDIATE CA	USE	
	hearl failure, asthenia, etc. Il means the disease,	A CONSEQUENCE OF:	
	ANTECEDENT CAUSES CRACE	un alcuti Caraman	
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	a consequence of: Resease	
	rise to the above couse (A) stoling the UNDERLYING CONDITION last. (C)		
z	II -	700	
위	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	2	
ERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Tes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED	
Ē	WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
CAL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, fociory, street, cetal)	in or about 21C. WHERE DID (If In Solitmore City, give exact location) fice bidg., INJURY OCCUR?	
<u> </u>	21D. TIME (Month) (Doyl (Yearl (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
2	(APPROX.) While At Not Whi Work At Work	• 🗇	
	22. I certify that (1) (this haspital) attended the deceased fram.		10
	that (N (we) last saw the deceased alive an 23 N	22 New 1969 to 2.3 New 19	9 <u>Q</u>
	and haur and from the causes stated abave. (1) (We) (did) (did nat)	and that in unity (our) apinian death accurred an	the date
	23A. SIGNATURE		
	M. Cepeda M.O. Ath	anding Med. Stoff D	0
ł	OEGREE		<u> </u>
	NAME TYPER M KEN CEPEDA	23D. THESUNION M	
24A	BURIAL CREMATION, 248, DATE 24C. NAME OF CEMETERY OF CR	MEMORIAL HOSPITAL	
	KEITTO THE ISPECTIVE	1 - 1,0	(Stote)
25 A	1/10002		
N	10V 25 1969 Talke & Jelle Ray	Leonard J. Ruck, Inc. Balto. Md. 2121	١,
5 1	150-REV, 1/1/68	THE DATE NO. 110. PATON MO. 2121	4

Tallas Tollas III all

.

the control of the feet

II LP. CECEDA

.

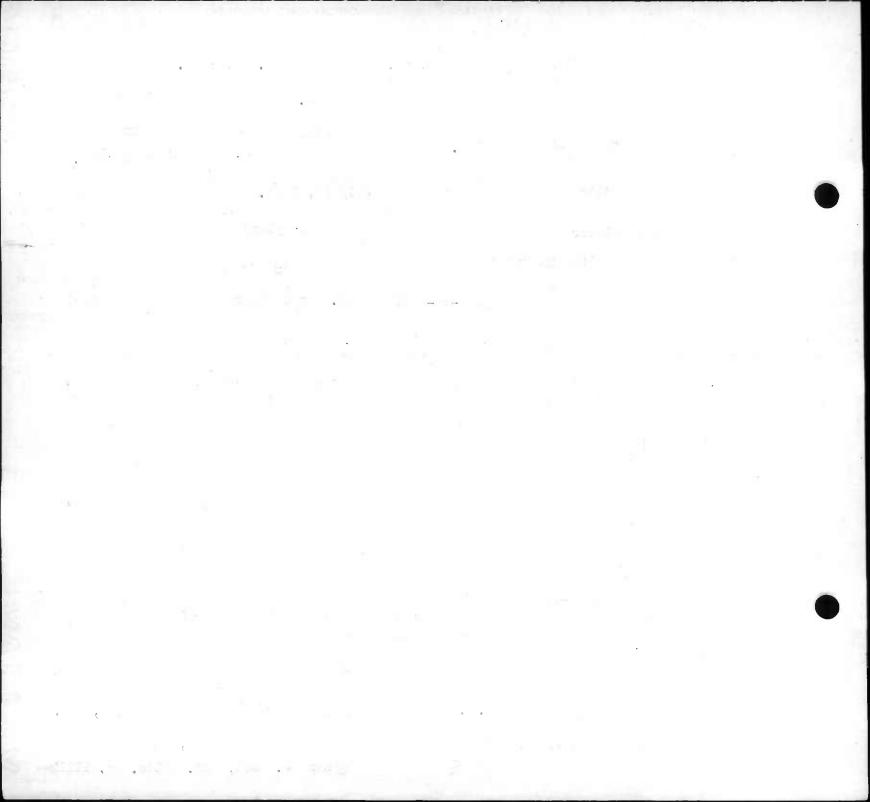
IMPORTANT FUNERAL DIRECTOR:

CERTIFICATE OF DEATH Such (5) Deceased death LNAME OF DECEASED (Type or Print) 2:35 PM uo a hospital death. of 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD attendance B. COUNTY MARVIAN cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C CITY OR TOWN cause; 10 Baltimore 2 prior contributing E STREET AND NUMBER is made. (4) Undetermined regular 5. SEX 6. RACE B. DATE OF BIRTH 7. MARRIED X NEVER MARRIED deceased tost birthday WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) disposition death = done during most of working life, even if retired) Furniture Store Owner Was 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME assistant death uo 0 kind; 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL fina (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance No 212-01-7212 any CAUSE OF DEATH pronounced 0 DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH fracture (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF embal heart failure, asthenia, etc. It means the disease. ם injury or camplication which caused death.) gul ANTECEDENT CAUSES Po are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician remains UNDERLYING CONDITION last. chief medical Was Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) the Body 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) 0 WAS PERFORMED before (5) 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF the where hospital °Z DEATH (notify medical examined) etc.) nature; MEDIC obtained 21 D. TIME 9 (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While (except While At (APPROX.) At Work and Work any 22. I certify that (1)(this haspital) attended the deceased fram 19.64 that (1) (we) last saw the deceased alive an pe of death) hospital and haur and fram the causes stated abave. (1)(We) (Fid) (did nat) view the bady after death. must accident 23A. SIGNATURE Attending Med. Shaff 0 Phys. approval Director L 0 23 C. PHYSICIAN'S 23D. ADDRESS prior ŧ NAME (Type Was An ď GEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION eceased o he body REMOVAL (Specify) written shows: å Burial 11/25/69. Moreland Memorial Cemetery Was 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT 69 11620 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) D. INSIDE CITY LIMITS? YES T NO 9. AGE (In years If Under 1 Yr. Months: Dovs If Under 24 His. Hours 12. CITIZEN OF WHAT COUNTRY? TISA ADDRESS Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that in (my) (aur) apinian death occurred an the date 23 B. DATE SIGNED (City, town, Baltimore, Md. Esong Habit Coffuck, Inc. Balto

Z & Zuch. 230 Inwite to the

P + P = +	6 06/1 50 11001	TE OF DEATH REG. NO. 69 11621					
of deatl of deatl Decease e on the	1. NAME OF DECEASED (Type or Print) WALTER BERNARD BAKER, SR.	Nov. 22, 1969. 10 1 A M.					
hosp use (5) danc dec	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT)N HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY Md. C. CITY OR TOWN D. INSIDE CITY LIMITS?					
ting card cause; d cause; r attence prior to	5618 Loch Raven Blvd.	Baltimore E. STREET AND NUMBER 5618 Loch Raven Blvd.					
occurrections on tribution on tribution or t	5. SEX 6. RACE 7. MARRIED X NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH July 10, 1897. 9. AGE (In yeors Months Doys Hours Min.					
or c ndet s in dec ition	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) House Painter	Maryland USA					
direct direct d; (4) U on the dispos	Wilford Baker	Mary McCarthy					
the child deat deat nice of final	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) No 211-20-0082A	Mrs. Hazel Baker (Same)					
l examiner or his as examiner. Also, if (3) A fracture of any an who pronounced in regular attenda is are embalmed or	heart failure, osthenio, etc. 11 meons the disease, injury or complication which caused death.) ANTECEDENT CAUSES	a consequence of: (a consequence of:					
medical medical y burns; physici ian was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL USEASE OR CONDITION GIVEN IN PART 1 (A). UPA-DATE OF OPERATION 179B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED					
ital by a e; (2) Bod where the No physic	WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or contributing Cause of DEATH (notify medico) exominer) 21B. PLACE OF INJURY (e.g., or contributing Cause of DEATH (notify medico) exominer)	in or obout 21C. WHERE OID (If in Boltimore City, give exact location)					
hosp natur cept w id (6)	21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work 21 Not While At Work						
t be approsed to the sed to the sed to the sent of any spital (excleath); an ust be obt	22. I certify that (I) (this haspitel) attended the deceased fram that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (we) (did) (did) view the bady after death.						
relea accide a hos	23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	ending Med. Stoff 1/2 ///					
certific body w s: (1) A D.O.A. ased p	Allan A Spier M.D. DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR REMOVAL (Specify) Burial 11/25/69 Parkwood						
This cert the body shows: (I was D.O decease	NOV 25 1969 3 & E. Jaken M. B.	25C. FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balto. Md. 21214					



D-400 69 11622 BALTIMORE CITY	HEALTH DEPARTMENT				
CERTIFICA	TE OF DEATH REG. NO. 09 11622				
I. NAME OF DECEASED	2, DATE AND HOUR OF DEATH				
J. Dyer Diehl	6 0				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY				
	A Company of the comp				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION	c. CITY OR TOWN D. INSIDE CITY LIMITS?				
1683 Woodbourne Ave.	Baltimore YESK NO				
00	E. STREET AND NUMBER				
	1683 Woodbourne Ave.				
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr., If Under 24 Hrs. Months; Days Hours; Min.				
male caucasian WIDOWED DIVORCED	March 3,1912 57				
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
Salesman real estate	Baltimore, Md. USA				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Julius Diehl	Nellie Dyer				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS				
no 216-03-4643	Mrs Edith W Dichl 1682 Woodhoumne Are				
18. ZZ / A . S . A . / CAUSE OF DEATH	Mrs. Edith W. Diehl, 1683 Woodbourne Av				
DISEASE OF CONDITION DIRECTLY	BETWEEN ONSET AND DEATH				
LEADING TO DEATH	GACHTE MVCCARDIA				
(This does not meen the mode of dying, e.g., DUE TO, OR AS	SE ACUTE MYCCARDIAC				
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF: INFARCTION				
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS	A CONSEQUENCE OF:				
rise to the obove couse (A) stoting the					
UNDERLYING CONDITION lost. (C)					
- 11					
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISSEASE OR CONDITION GIVEN IN PART 1 (A).	ING CANCER				
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).					
198. CONDITION FOR WHICH OPERATION WAS PERFORMED 218. PLACE OF INJURY (e.g., in	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
	or about 21C. WHERE DID (If in Boltimore City, give exact location)				
DEATH (notify medical examiner) etc.)	uce sidg., INJURY OCCOR:				
21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
While At Not While					
(AFFROX.) Work At Work					
22. 1 certify that (1) (this hospital) attended the deceased fram	JANUARY 19 69 to 11/22 19 69,				
that (I) (we) last saw the deceased alive an 11/20/69	ond that in (my) (our) apinion death occurred on the date				
and hour and from the causes stated above. (1) (We) (did) (did nat) v	iew the bady after death.				
23A. SIGNATURE	23 B, DATE SIGNED				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nding Med. Staff Phys. 1/24/69				
23C.PHYSICIAN'S	3D. ADDRESS				
NAME (Type) Dr. Robert E. May	5662 The Alameda, Balto, Md.				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)				
burial 11/26/69. Dulaney Valley					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Cemetery Baltimore, Md.				
10V 25 1969 Peles E. Jelles 180 9 0 0	Leonard J. Ruck, IncBalto, Md14				
VS 150-REV. 1/1/6B	7 0 0 0 0				



d in a hospital and ing cause of death cause; (5) Deceased	attendance on the rior to death. Such
approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	d death was in regular ance on the deceased p final disposition is made
dical examiner or his a cal examiner. Also, if ns; (3) A fracture of an	ician who pronouncer as in regular attendo nains are embalmed or
roved by the chief med ne hospital by a medi y nature; (2) Body bur	xcept where the physind (6) No physician with the properties of the contract o
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	H-200	69	11623		HEALTH DEPARTMENT	REG. NO.	69 11623	
	BIRTH NO.				TE OF DEATH	D HOUR OF DEATH		
	(Type or Print)			LINE HAUGHEY		23, 1969.	4:30 P M.	
	FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITADORESS OR LOCA			A. USUAL RESIDENCE (Whe A. STATE B. COUN Md.	ITY	SIDE CITY LIMITS?	
		2914 Monteb	ello Tem	race	Baltimore		YES NO	
	00 .						ntebello Terrace	
	Female	White	WIDOWED	NEVER MARRIED DIVORCED	2/13/1884	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
		orking life, even if retired)	108, KIND OF 8	USINESS OR INDUSTRY	Maryland	ign country)	USA	
5	13. FATHER'S NAM	E	1		14. MOTHER'S MAIDEN NA	ME		
2		Carlton Bu	rgan		Caroline	e Meyers		
3		Ever in U. S. Armed For (If yes, give wor or dote		6. SOCIAL SECURITY NO. 17-01-1766	Mrs. Evely	n M. Boni	ADDRESS Lcker Same	
	18. 7/	2 21		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	12 hrs							
	DISEASES OF	NTECEDENT CAUSES R CONDITIONS, if obove cause (A)	ony, giving	(8) Arte DUE 10, OR AS	A CONSEQUENCE OF:	DE	10 yrs	
		CONDITION last,		(c) / Ly	pulinsen.			
Bulle	OTHER SIGNIFIC	CANT CONDITIONS CO BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	HE TERMINAL					
	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO		DITION FOR WE	TICH OPERATION	20 A. AUTOPSY? (Yes of N	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?	
Deror	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID NOT							
ainea	S OF INJURY	(Manth) (Doy) (Year)	(Hour) 21 E. II While	At Nat While	21 F. HOW DID IN	URY OCCUR?		
5	(APPROX.)	***************************************	Work	At Work			7/27/9	
22. I certify that (I) (this hospital) attended the deceased fram 1957 to 1000 that (I) (we) last saw the deceased alive an 1960 and haur and fram the causes stated above. (I) (We) (did nat) view the bady after death.								
riffen approvat	23C. PHYSICIAN NAME (Ty	18 BS	cott	m. s	721 mes	leve an	6 Bld .	
0.	24A. BURIAL CREM REMOVAL (Sp	pecfly)	1	AE of CEMETERY OF CR	EMATORY 24D. L	OCATION (C	City, town, or country (State)	
9	Buri	.ab 11/26/		rkwood Cen	1etery		re Maryland	
8	NOV 25	1303 12000	25 NAME OF	79.00			Balto. Md. 21214	
	VS 150-REV. 1/1/6	Ö						

A LEW A COMPANY OF THE ASSESSMENT OF THE PARK OF THE P

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

D (43 CO 4)	BALTIMORE CITY	HEALTH DEPARTMENT		69 11624
P-623 69 11	624 CERTIFICA	TE OF DEATH	REG. NO.	OO TIDAY
BIRTH NO.			HOUR OF DEATH	
(Type or Print)	EDI	2. DATE AND	O) ICIO	1 2111 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	DNOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceosed lived. If i	nstitution: residence before odmission)
THE NAME OF STREET OF THE POST		Mariland		1605
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR TOWN	D IN	SIDE CITY LIMITS?
INSTITUTION		Baltima	re	YES NO
BON Secours	Horoital	E. STREET AND NUMBER	10	11.5
37/10000000	rispital	810 N. Ber	talou	Street 21216
S. SEX 6. RACE 7. MAR	RIED NEVER MARRIED		AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Female Black WIDO	WED DIVORCED	07/18/07	102 455	12, CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired)	D OF BUSINESS OK INDUSIKE	11. BIKITIPLACE (Store of loreign	n country)	12. CHIZEN OF WHAT COUNTRY!
		VITAINIA	Basset	+ United states
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
1 1 0 1		110,000	C	
WOOD HAIRSTON	1) / 50000	17. INFORMANT	, veora	ADDRESS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of serv	ice) 16. SOCIAL SECURITY NO.	IV. INFORMANT	11 1	ADDRESS
No	239-05-9417	Nannie K.	Wood 5	204 Hillm High
1B. / 4 = 1	CAUSE OF DEAT	4		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BEI WEEN ONSE! AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE HYPERTHERMI	A	
(This does not mean the mode of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
heart failure, osthenio, etc. It meons the dis- injury or complication which coused death.)	ose,			
ANTECEDENT CAUSES	IN TEL	TINAL OBSTRUC	CTON	
DISEASES OR CONDITIONS, if ony, q		A CONSEQUENCE OF:		
rise to the above cause (A) stating	-	NOMA OF COLO	2.1	
UNDERLYING CONDITION last.	(c) CARC	NOMA OF COLO	.7	
II.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).				
TO THE DEATH BUT NOT RELATED TO THE TERMI	NAL	470704474447477447040000000000000000000		
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, of etc.)	n or obout 21C. WHERE DID fine bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exoct facation)
21 D. TIME (Month) (Doy) (Year) (Hour)	21 E. 'INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
ØF INJURY (APPROX.)	White At Not Whil			
(AFFROA)	Work At Work			
22. I certify that (+) (this hospital) attend			9 69 to	11.21 1969
that (I) (we) last saw the deceased alive	an 11.21.	19.69 and tha	t in(my) (our) ap	inian death accurred on the date
and haur and fram the causes stated aba	ve. (I) (We) (did) (did-not) v	iew the bady after death.		
23A. SIGNATORE	1 . /			238. DATE SIGNED
Jan C. You	MB- CLD Atte	nding Med. Director P	Staff X	11-21-69
23C.PHYSICIAN'S	DEGREE	23D. ADDRESS	nys.	
NAME (Type) AIN C. KE	ERK MB CLB	BON SECOUL HO	SPAAL	BALTO # 23
	C. NAME of CEMETERY OF CR	MATORY 24D. LO	CATION	City, town, or county) (Stote)
REMOVAL (Specily)	Mantaille	() H.	1	11 1)
SUR IA U 25 69 25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	trtinsu,	ADDRESS
	, 40,9 0 0	O BR. W. O. D.	-4 F11	1201 / 20 1200 51
MAN 79 1202	1000	140 KTON V	gett titt	1101 KAYRENS ST.

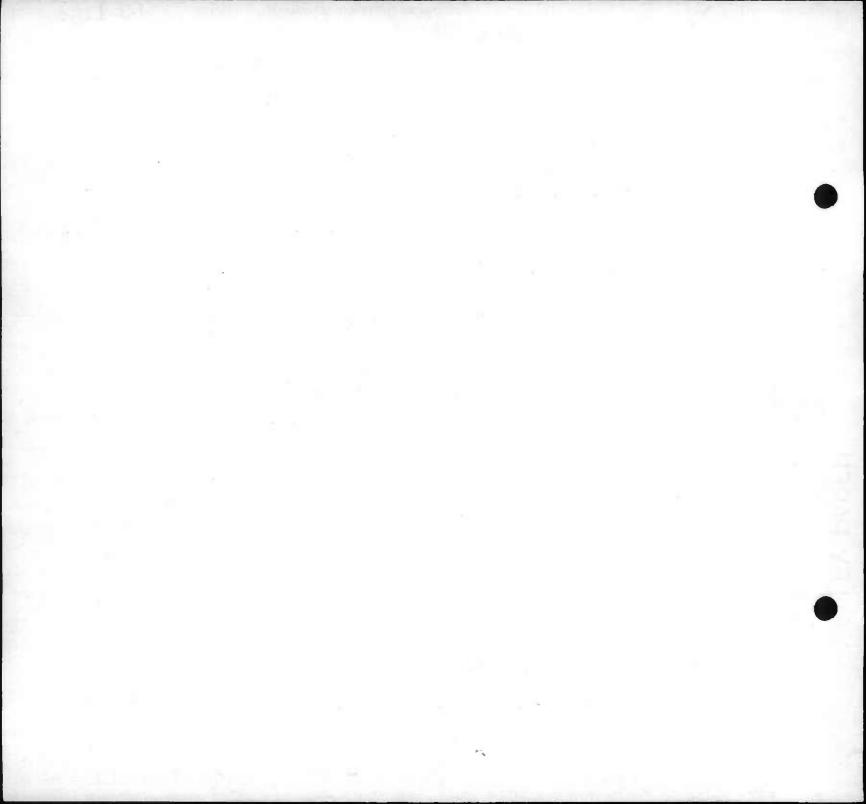
A. A. San J. A. S. - H.

WEITINGTERSO LIKE INTO THE

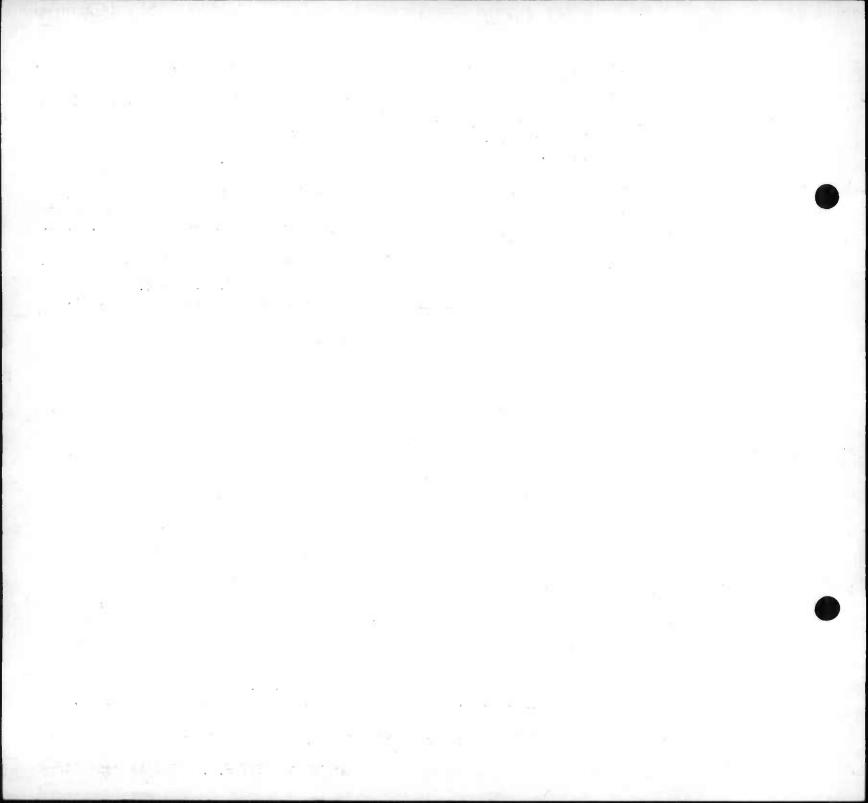
mount to kingwind !

the state of the s

M-22CL	BALTIMORE CITY	Y HEALTH DEPARTMENT		69 11625				
BIRTH NO. 69 11	625 CERTIFICA	TE OF DEATH	Registered No	0-0				
WILE CASE NO.	0.00		HOUR OF DEATH					
T, NAME OF DECEASED (Type of Print) RLS MCD	OWELL	1	-> 2,196	59 1 9:50 Am.				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where of A. STATE B. COUNTY	deceosed lived. If insti	ijution: residence before odmission)				
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location) INSTITUTION		MD, BA	le city limits, write RU	JRAL ond give township)				
MANYLAND GENERA	ac HOSPITAL	13 ALT,	MORTE	and the second s				
119			ol, give location)					
48		3729 C	OLUMB	S SPINE				
5. SEX 6. RACE 7. MAR	RIED, NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
	ALLIED	9/14/27 "	t birthday)	Monins Days Hours 19411.				
10A, USUAL OCCUPATION (Give kind of work 10B, KIN		11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF				
done during most of working life even if retired)	1	Barrens	P10	WHAT COUNTRY?				
Housewite	HOME	14. MOTHERS MAIDEN NAME	_/	U.S.A.				
13. FATHER'S NAME	211	A 5						
GEORGE CON	SER	NETTI	E COO	per				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
No.	213-26-730	3 Mr. James	1ª Dowel	Same				
118. 0 / 5 38 1	0.7	OF DEATH	1 .000	INTERVAL BETWEEN				
DISEASE OR CONDITION DIRECTLY		~	-	ONSET AND DEATH				
LEADING TO DEATH	Mass	WE You mayor	y EMBOUS	SIZNSTANT				
(This does not mean the made of dying,								
heart failure, asthenia, etc. It means the dise injury ar complication which caused death.)	ease, PATL	EISO I FI WAITSON	S, LEG UE	my Days				
ANTECEDENT CAUSES	(B) (357	Ser Harris	THEBITI	5 2/1/3				
	DUE TO	EJOMSOMATA	UTEN11-	- Mar Las				
lise to the above cause (A) stating	DISEASES OR CONDITIONS, If any, giving							
UNDERLYING CONDITION last.		HYSTERECAN	74	unio annie dina ca				
11		, , , , ,	1					
O THE SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO		***************************************						
DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION 19B. CONDITION I	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FILL IN CERTIFYING CAUS					
1114167 UTENINE	Myoma, PID	785		7				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Ba)timore	City, give exact location)				
21D. TIME (Month) (Doy) (Year) (Hous)	21E INJURY OCCURRED	21 F. HOW DID INJUR	V OCCUP?					
OF INJURY	While At Not Whi		1 Occor.					
(APPROX.)	Work At Work							
22. I certify that (I) (this haspital) attend	ed the deceased from	190	69 to NOU	1. 27 1969				
that (I) (we) last sow the deceased olive	on NOV. 27	19.69 and that	in(my) (aur) apini	ian death accurred an the date				
ond hour and from the causes stated above		/						
23A SIGNATURE	1			23B, DATE SIGNED				
The of and the	1 / M.D. AI	tending Med. Ste	aff	11/22/69				
23C. PHYSICIAN'S	Ph	ys. Director Ph	ıys, 🗌	11/2/1-1				
NAME (Type)	2. 00 41 40	1 5	1	RIO				
LIONEL H. desc	BOKDES M.D.		22(302)	Le L V = r ·				
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CI	REMATORY 24D. LOC	ATION (City	, town, or county) (Stote)				
Bueial 11/26/69	Balte Nat'	6 Cem. Br	altimore.	MARGIAND				
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS				
NOV 25 1969 34 62	Jabet, Mis.	1 DORTON OF	Just + H	1701 LAUKENC				
VS 150-PEV 1/1/65		1	-1	, , , , , , , ,				

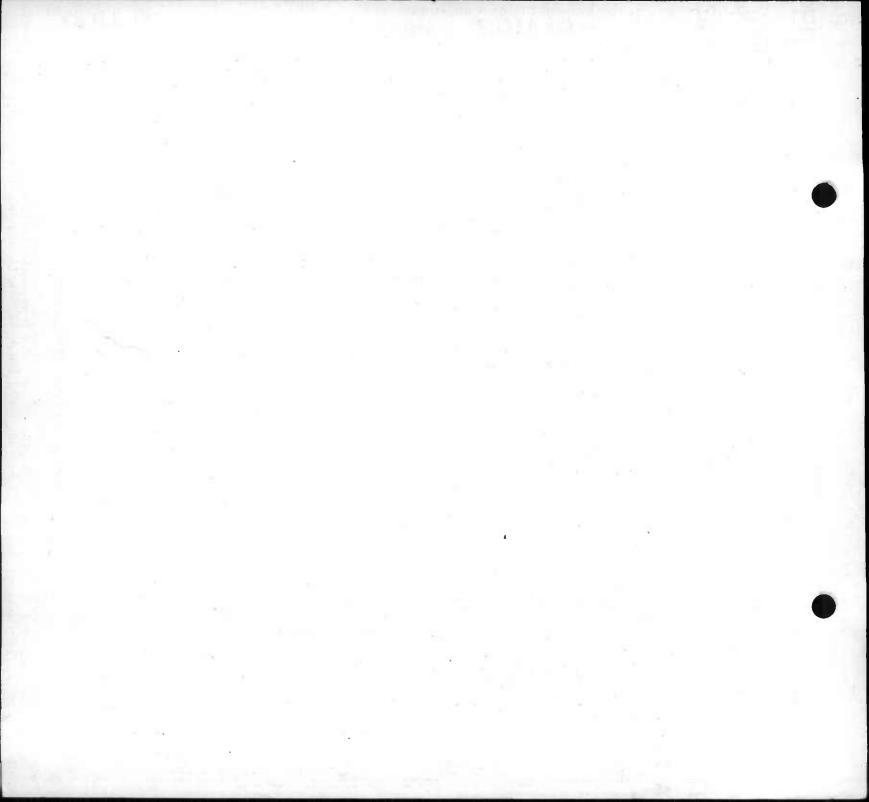


4-16	0 03	11626	CERTIFICA			REG.	NO. DE	11620	
1. NAME OF DECEASED				2. DATE AND HOUR OF DEATH					
HOOPER, RICHARD VANDERVILLE					No	vember	21, 1	969 9	9:15P. A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission. STATE 8. COUNTY				fore admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR VETERAL Administration Hospital									
								YES MILL NO	<u>' </u>
	Baltimore, Md.					st.			
SEX	6. RACE	7. MARRIED	NEVER MARRIED	1		9. AGE (In ye	eors	If Under 1 Yr. , If	Under 24 Hrs.
Male	Negroid		= =	2-27	-12	57	ľ	Nonins Doys Ho	i i i i i i i i i i i i i i i i i i i
		108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA	ACE (State or fore	ign country)		12. CITIZEN OF WE	AT COUNTRY
Porter	r working the, even it retred)	Unk	nown	Sout	h Carolin	na , Roc	k Hill	U. S	5. A.
	AME			14. MOTHER	S'S MAIDEN NA	ME			
Martin	Hooper			Emma	Davis				
Wos Deceose	d Ever in U. S. Armed For	ces?		17. INFORMA	ANTRecords	s V. A.	Hosp	ital ADDRESS	
	1-TO-42 60 T	.0-10-47					_	APPROXIM	ATÉ INTERVAL
	ASE OR CONDITION DI	RECTLY		Tolor					NSET AND DEATH
	LEADING TO DEATH		(A)IMMEDIATE CA						ırs
		CONSEQUENCE OF:							
	emplication which caused	death.)							
ANTECEDENT CAUSES (8)									
			(C)						
There significant conditions contributing Myocardial infarction, infarction of							of Day	re	
HO THE DEA	ATH BUT NOT RELATED TO T	HE TERMINAL							
	F OPERATION 198. CON	DITION FOR V	HICH OPERATION	20 A. AUT	OPSY? (Yes or No	208. IF YES	WERE FIN	NDINGS CONSIDER	RED
21					ies	Yes	S CAUS	SES OF DEATH!	
OR CONTRI	ENT WAS UNDERLYING TO BUTING CAUSE OF	218. hom	PLACE OF INJURY (e.g., e, lorm, foctory, street, o	ffice bldg., INJ	URY OCCUR?	(If in	Boltimore	City, give exoct loco	rtian)
)									
OF INJURY	(Month) (Day) (Year)				HOW DID INJ	URY OCCUR?	1		
(APPROX.)		Wor	k Ll At Work						
that (1/X/we	e) lost saw the decease	d alive an	November 21	19_6	29 and th	natin(sky) (d	our) apini	on death occurre	ed on the dat
		ted abave. M	(We) (did) (did nat)	view the bad	ly ofter deoth.				
23A. SIGNAT	TURE 11 51	Lal"	A+4	andina 🗔	Mad C	SHU PAR	2		
		0 -	OEGREE Phy	rs. L				11-22-0	09
NAME	(Type) A		2		V • 25	400		1.00	
		•	DEGREE						
REMOVAL	(Specify)								(Stole)
							ore,	Mary	
		25	RE TAN				1701		
				(WOINT	UI 0 0 14		., 01		
	PLACE IN BA PLACE IN BA JILL NAME OF OSSITATION STITUTION STITUT	NAME OF DECEASED pe or Print) HOOPER, RIC PLACE IN BALTIMORE, MARYLAND, W JUL NAME OF OF OPERATION OF STITUTION Veterans Admir 3900 Loch Rave Baltimore, Md. SEX 6. RACE Male Negroid A. USUAL OCCUPATION (Give kind of work ne during most of working life, even if relired) Porter FATHER'S NAME Martin Hooper Wos Deceased Ever in U. S. Armed For sis, no or unknown) (If yes, give wor or dote yes) Teather's name Martin Hooper Wos Deceased Ever in U. S. Armed For sis, no or unknown) (If yes, give wor or dote yes) Teather's name Martin Hooper Wos Deceased Ever in U. S. Armed For sis, no or unknown) (If yes, give wor or dote yes) Teather's name Martin Hooper Wos Deceased Ever in U. S. Armed For sis, no or unknown) (If yes, give wor or dote yes) Teather's name An ILEADING TO DEATH (This does not mean the mode of heart foilure, osthenio, etc. If means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION last. II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION [198, CON WAS PER 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21 A. ACCIDENT WAS UNDERLYING (OF IN) PAR 21 A. ACCIDENT WAS UNDERLYING (OF IN) PAR Teacher of OPERATION (Day) (Yeor) OF IN) URY (APPROX.) 22 I certify that (A) (this hospitol that (A) (We) (Yeor) OF IN) URY (APPROX.) 23 A. SIGNATURE 23 A. SIGNATURE 23 A. SIGNATURE 23 C. PHYSICIAN'S NAME (Type) Javaid St. A. BURIAL CREMATION, 248, DATE 248, DATE 25 A. BURIAL CREMATION, 248, DATE 11 - 26-	NAME OF DECEASED pe or Print! HOOPER, RICHARD VAI PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUT JUL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION Veterans Administration 3900 Loch Raven Blvd. Baltimore, Md. SEX 6. RACE Negroid WIDOWED A. USUAL OCCUPATION (Give kind of work 108. KIND OF 109. KIND OF 1	CERTIFICA NAME OF DECEASED pe or Paint) HOOPER, RICHARD VANDERVILLE PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD JUL NAME OF OSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR INSTITUTION Veterans Administration Hospital 3900 Loch Raven Blvd. Baltimore, I'd. SEX 6. RACE Male Negroid 7. MARRIED [NEVER MARRIED DIVORCED DIVORCED LOUND OBLIGHT OF OBLIGHT OF MARRIED DIVORCED NOTTOR FATHER'S NAME Martin Hooper Was Deceased Ever in U. S. Armed Forces? SECURITY NO. Yes 7-16-42 to 10-18-45 SCURITY NO. 155-01-4080 CAUSE OF DEAT CINIO DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving is to the obove cause (A) stoling the UNDERLYING CONDITION lost. (C)	THE NO. VAME OF DECEASED PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD ALL NAME OF STATE OF S	AMAM OF DICEASED PROPRIATE HOOPER, RICHARD VANDERVILLE PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ALLINAME OF OF MOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION; STRUCTURE ADDRESS OR LOCATION; STRUCTURE ADDRESS OR LOCATION; STRUCTURE ADDRESS OR LOCATION; STRUCTURE ADDRESS OR LOCATION; BALTIMORE, MACE NORTOR NORTOR NEARLY MIDOWED DIVORCED OF STREET AND NUMBER 1304 DIVISION SEX MADE NORTOR NORTO	AMM OF DECESSED PLACE IN BAILMORE, MARKLAND, WHEE PRONOUNCED DEAD ALL NAME OF OF PRIOR OF STREET PROCESSED IN SUPPLY AS A STATE OF PRIOR OF STREET PROCESSED IN SUPPLY AS A STATE OF PRIOR OF STREET PROCESSED IN SUPPLY AS A STATE OF PRIOR OF STREET PROCESSED IN SUPPLY AS A STATE OF PRIOR OF STREET PROCESSED IN SUPPLY AS A STATE OF PRIOR OF STREET PROCESSED IN SUPPLY AS A STATE OF PRIOR OF STREET PROCESSED IN SUPPLY AS A STATE OF PRIOR OF STREET PROCESSED IN SUPPLY AS A STATE OF PRIOR OF STREET PROCESSED IN STREET PROCESSED IN SUPPLY AS A STREET PROCESSED IN SECURITY NO. SECURITY	CERTIFICATE OF DEATH AND OF DETAINS ON COMMISSION OF PRICE AND HOUR OF POINT AND OF PRICE IN SATINDRE, MARTIAND, WHERE PRONOUNCED DEAD IN NAME OF ADDRESS OF LOCATION, ON STITUTION, GIVE STREET AND AND OF ADDRESS OF LOCATION, ON STREET AND ADDRESS OF LOCATION, ON STREET BALL IMPORT ON STREET AND NUMBER 1304 DIVISION St. ADDRESS OF LOCATION, ON STREET AND ADDRESS OF LOCATION, ON	ANAME OF DICCASE PACE IN BALTIMORA, MARKANO, WHERE PROPOUNCED DIAD HOOPER, RICHARD VANDERVILLE RACE IN BALTIMORA, MARKANO, WHERE PROPOUNCED DIAD STATE AND NUMBER COUNTY MARKED MARKANO, WHERE PROPOUNCED DIAD AND

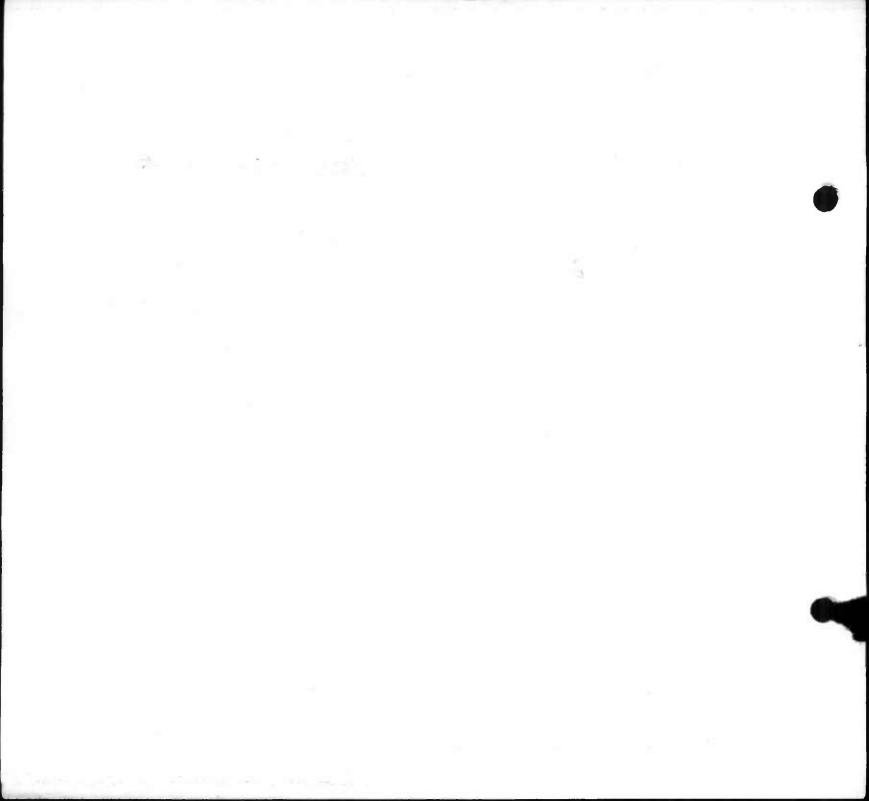


FUNERAL DIRECTOR: IMPORTANT

1		HEALTH DEPARTMENT 69 11627				
7997	69 11627. CERTIFICAT	E OF DEATH				
of death of death Deceased e on the	1. NAME OF DECEASED (Type or Print) CHARLIE BELL	2. DATE AND HOUR OF DEATH 11/21/69 11:50PM M.				
pita of Dec ce o ath.		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE 8. COUNTY				
hos (5) (5) de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND BALTIMORE CITY C. CITY OR TOWN D. INSIDE CITY LIMITS?				
ting caud cause; r attend	THE JOHNS HOPKINS HOSPITAL	BALTIMORE YEXX NO E. STREET AND NUMBER 600 E. BIDDLE STREET / 0 4/				
- 200 0	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.				
occur ontrib ermin regul eased is ma		11-25-06 lost highday Months Doys Hours Min.				
or cor ideter in re decec	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 1 done during most of working life, even if retired) Laborer —	Ayden Co., N.C. 1. BIRTHPLACE Stude or foreign country) U.S.A. U.S.A.				
de Un as e	13. FATHER'S NAME	4. MOTHER'S MAIDEN NAME				
S	JOHN BELL	/ Rodie Cox				
at de	15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	7. INFORMANT 2229 Barclay St. 21218 ADDRESS				
the definition	no 244-12-1720	Fountain Bell				
chief medical examiner or his as y a medical examiner. Also, if Body burns; (3) A fracture of any the physician who pronounced hysician was in regular attendance the remains are embalmed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., hearl failure, astheria, etc., it means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stafing the UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITION S CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION NO CAUSE OF DEATH APPROXIMATE INTERSTWEEN ONSET AND (A) MMMEDIATE CAUSE Cerebrovascular accident 20 hour DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) (C) 10 THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED YES NO					
he re ph	OR CONTRIBUTING CAUSE OF CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CAUS	or about 21C.WHERE DID (If in Baltimore City, give exact tocation) teb bldg., INJURY OCCUR?				
ed by lospit ature; pt wh (6) N ned b	DEATH (notify medicof exominer) elc.) 2 21D. TIME (Month) (Doy) (Hour) (Hour) OF INJURY (APPROX.) White At Not While At Work	21F. HOW DID INJURY OCCUR?				
pprov the any (exce ; and	22. I certify that (1)(this hospital) attended the deceased from 11/	19 69 and that in my (our) opinion death occurred on the date				
t be a sed to ent of spital leath)	23A, SIGNATURE	23B, DATE SIGNED				
must eleas ccide ccide a hos to d	Haurd Huson MD DEGREE Phys.	ding Med. Staff 11/22/69				
0 - 0 - 0 >	23C. PHYSICIAN'S NAME (Type)	D. ADDRESS				
was r was r) An a A. at I prior	David J. Pierson, M.D. DEGREE 244. BURIAL CREMATION, 1248. DATE 24C. NAME of CEMETERY of CREA	Johns Hopkins Hospital AATORY 24D. LOCATION (City, town, or county) (Stote)				
body was ws: (1) An D.O.A. at eased pric	Burial 11-26-69 Mt. Calvary Ceme					
This certif the body shows: (1) was D.O. deceased written a	NOV 25 1969 Debe & Server Co. O	Parshall W. Jones, Jr.				
	VS 150-REV. 1/1/68					



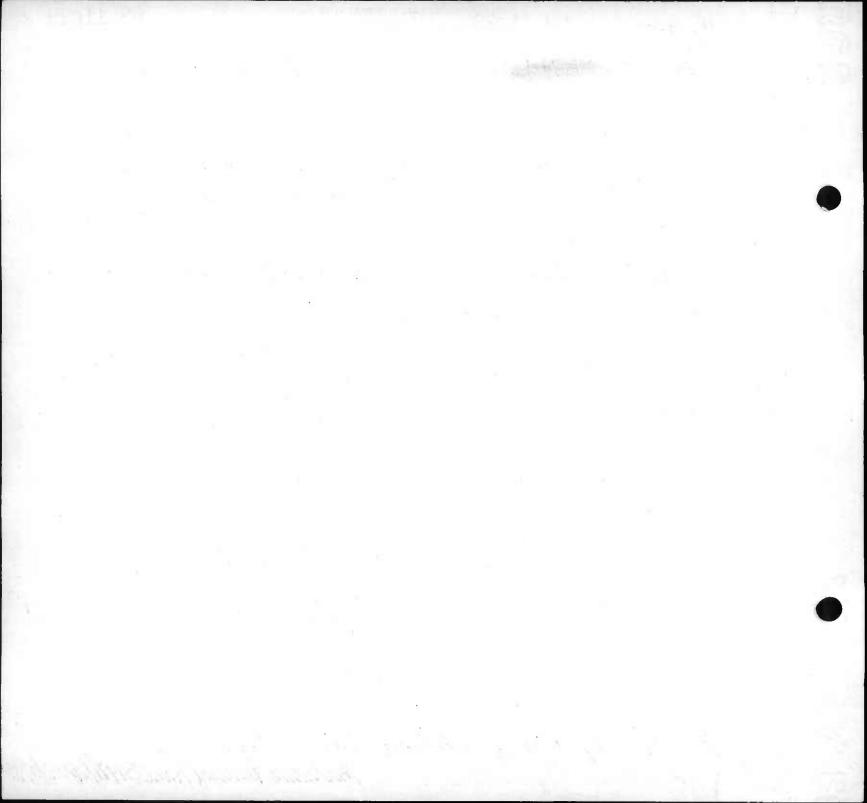
	R-1	150	69	11628	BALTIMORE CITY	HEALTH DEPARTMENT		69 11628
	BIRTH NO			11000	CERTIFICA	TE OF DEATH	REG. NO	32 11000
	Type or P			[1	K	2. DATE A	ND HOUR OF DEATH	SV12 C A
	3. PLACE	IN BALTIN	ORE MARYLAND	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Whe	re declosed lived. If ins	1ilution: residence belore odmission)
	FULL NA HOSPITAI INSTITUTI	ME OF L OR ION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION	ON, GIVE STREET	c. CITY, OR TOWN	·	DE CITY LIMITS?
	2811	1	1/			E. STREET AND NUMBER		YES NO
6	94	niv.	perf			702/ Be	wwelf 1	9/2
is mad		Rale	Negro	WIDOWED	NEVER MARRIED DIVORCED	7/26/2-4	9. AGE (In years last birthday)	Il Under 1 Yr. Il Under 24 Hrs. Months Days Haurs Min.
on	done during	M most of work	TION (Give kind of world ing life, even if retired)	108 KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lore	ign country)	12. CITIZEN OF WHAT COUNTRY?
Sifi	13. FATHE	MES.S	40	^		14. MOTHER'S MAIDEN NA	///d-1	
disposition	C	lareo	es Bros	0/68		Rehwond	South	_
	15. Was D (Yes, no or u	eceased Eve	r in U. S. Armed Far yes, give war or date	ces? 16 s of service)	SOCIAL SECURITY NO.	17. INFORMANT	/	ADDRESS
rinal	18, 44		VI	ó	CAUSE OF DEATH	Shella ST	299 3400	Walbrook Ave
0		DISEASE O	R CONDITION DI	RECTLY	ONOSE OF DEATH	0 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This	does not	ADING TO DEATH	dying, e.g.,	(A) IMMEDIATE CAU	SE CLIMORE OF:	f EVA boly	5. 10/17/64
2	injury	or camplic	nenio, etc. It means alion which coused	the diseose, deoth.)	0 (, ,
0	DISEA		ECEDENT CAUSES CONDITIONS, if	รถบ. ครับรักษ	(B) PUE TO, OR AS	A CONSEQUENCE OF:	tookes Ag	det
S	nse	lo the c	bove cause (A) ONDITION last.	stoling the	(c)			
ם	-		II .		(),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
B rer	O OTHER TO TH DISEAS	E DEATH B	NT CONDITIONS CO JT NOT RELATED TO TI DITION GIVEN IN PAR	E TERMINAL	******************************	***********************	*****************	**************************************
e rne	19A.D.	ATE OF OP	ERATION 198. CON WAS PERF	ORMED	CH OPERATION	20A. AUTOPSY? (Yes or No	208 IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
Deto	OR CO	I Inotify me	VAS UNDERLYING ☐ G ☐ CAUSE OF Jical examiner	21 B. PLA home, f	CE OF INJURY (e.g., Ir arm, factory, street, of	ar about 21C. WHERE DID	(II tn Baltimore	City, give exact facation)
Beule	OF INJ	JURY	onth) (Day) (Yeal)	(Hour) 21E fNJ While A	URY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
			t (I) (this hospital	Work	L.J At Work		10/09 //	1211109
			t saw the decease		1/27	1. 6 / 11	19 <u>07</u> ta <u>//</u> at In(my) (aur) apl e 1	an death accurred an the date
2	and he	GNATURET	m the cayses stat	ed abave. (I) (W	e) (did) (did nat) vi	ew the bady after death.		/
E		6/1/	I Iran	on 11	// // // // Dham	Med.	Staff Phys.	BR DATE SIGNED
BAO	23C. PH	AME COPP	PALLED		DEGREE!	3D. ADDRESS	rnys. Ja	11/2/107
abbi	24A. BURIA	AL CREMAT	ION, 248, DATE	/ 24C NAME	DEGREE of CEMETERY of CRE	MANU. A	029).	,
5	Bur	WAL (Speci	(1) /1/28/	19 MY	Alluson	10m 13	CATION (Gity,	town, ar county) (State)
	25A, DATE	REC'D BY	HEALTH DEPT.	258 NAME OF R	EGISTRAR	25C FUNERAL DIRECTOR	8 All	ADDRESS
	VS 150-REV	2.5 191 v. 1/1/68	ا هوي در ا		_ 3-	VICAUSMIST.	unlighterne	JY11 somordy &



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

00 1/2 CO 11020 BALTIMORE CITY HEALTH DEPARTMENT 69 11629
09 11629 CERTIFICATE OF DEATH REG. NO. 69 11629
I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
(Type ROBERT MOU dell november 22, 1969 5:50 PM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARY AND COLLY OR TOWN IN INCIDE CITY LIMITES
INSTITUTION
90 1214 EUTAW PIACE E. STREET AND NUMBER
BAITIMORE, MARYLAND-21202 19 North SCARANTE STREET
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 Yr., If Under 24 Hrs. Months Doys Hours Min.
MALE C WIDOWED DIVORCED 10/36/1905 64
10A. ÜSUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12, CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME
14. Mother's Marie
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.
18. 1 CAUSE OF DEATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc., it means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES A. S. H. D.
DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
DISEASE OR CONDITION GIVEN IN PART 1 (A). One of operation 198. Condition for which operation 200. Autopsy? (Yes or No) 208. If Yes, were findings considered
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
OF INJURY While At Not While
(APPROX.) Work At Work
22. I certify that (I) (this haspital) attended the deceased fram CT · 2 / 1967 to 1710 · 2 2 1967 , that (I) (we) lost saw the deceased alive on NN · 20 1967 and that in (my) (our) apinion death occurred on the date
ond hour ond from the causes stated above. (1) (We) (did) (did nat) view the body ofter death. 23A. SIGNATURE 23B. DATE SIGNED
Attending Amed. Stoff M. 24-69
23 C. PHYSICIAN'S 23D. ADDRESS
Temorado B. Juliao M. O DEGREE 5428/2 Sinuajor LA BALL. and
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, flown, or county) (Stote)
BURIAN VIL261949 INTERIOR USM COM. BOXIN OIH
25A. DATE REC'D BY HEALTH DEPT 25B NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
NOV 25 1909 - The Market Have SIGH Sameray St



was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made.

An accident of

shows: (1)

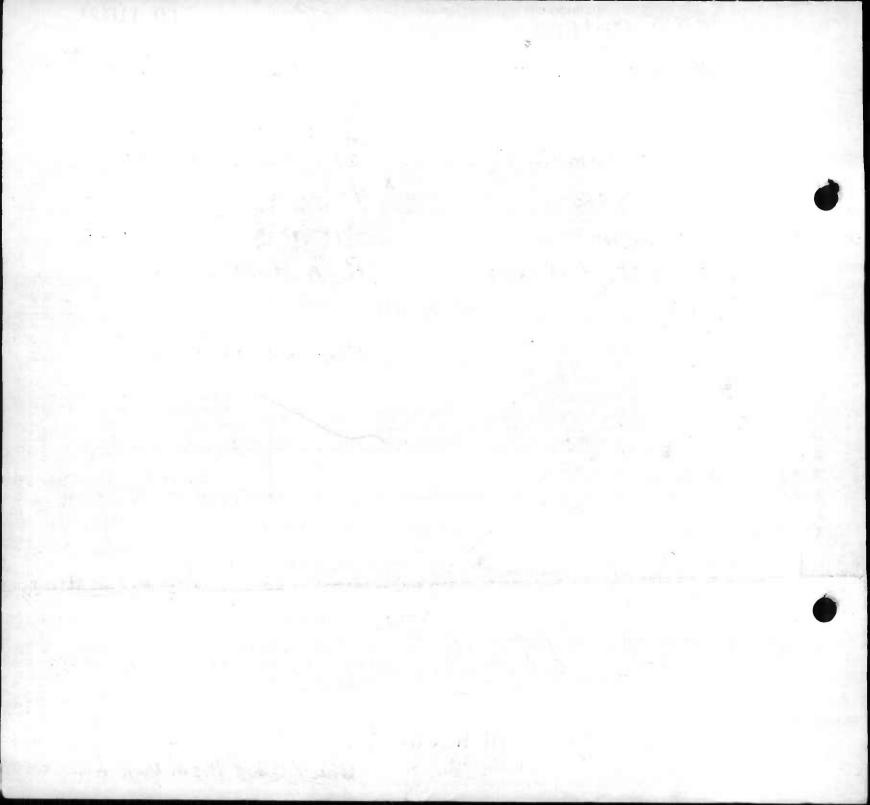
Such

prior to death.

was in regular attendance on the

—	BALTIMORE CITY	HEALTH DEPARTMENT	CO	44630
D-250 69 11630	CERTIFICA	TE OF DEATH	REG. NO.	11630
1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	010. 1230
HENRY HARRISON DIXON		/ love	mber 19.1	969 /2 A.M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUT	NCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT		tution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU' ADDRESS OR LOCATION)	TION, GIVE STREET	C. CITY OR TOWN	D. INSIDI	CITY LIMITS?
9.0		BALTIMORE STREET AND NUMBER	2	VES NO 🗌
Lincoln MemoRial Mac	Home !	27 n. CARE	Y STREE	.
	NEVER MARRIED		AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MAE NEGRO WIDOWED	DIVORCED BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF WHAT COUNTRY
done during most of working lite, even if retired)		Virginia		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	VE.	
Robert H. Dixon		ROSA HAR	RISON	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	216-58-2812	7/15-11		
18.24.33.41	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		1 1 1	1 1	,
LEADING TO DEATH	(A) IMMEDIATE CAU	SE CEREBRAL "	Thrombo	SIS
(This does not mean the made of dying, e.g., hearl failure, asthenia, etc. It means the disease, injury ar complication which coused death.)	DUE TO, OR AS	CONSEQUENCE OF:		
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)			
-11				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B.	HICH OPERATION	20A. AUTOPSY? (Yes or No)	108. IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF home	PLACE OF INJURY (e.g., in form, foctory, street, of	or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
	INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.) Whit	e At Not White			
22. I certify that (I) (this hospital) attended th			9 69 to 11	-19 19 69
	- 11-10	10		an deoth occurred on the dot
that (I) (we) last sow the deceosed olive on			11 (III) (ODI) OPIIII	an death occurred on the dan
ond haur and from the causes stated obove. (1)	(We) (did) (did not) v	iew the body ofter deoth.		23B. DATE SIGNED
23A. SIGNATURE	A. A. Dhu	nding Med.	Staff Phys.	11-19-69
23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS		
	DEGREE			
24A. BURIAL CREMATION, 24B. DATE 24C. NA	ME of CEMETERY OF CRI	MATORY 24D. LC	CATION (City	town, or county) (State)
21/12/69	M. burs	Some Do	Alika	Minda
25A BATE BEC'D BY HEALTH-DEBT - 25B-NAME O	E DEGISTRAD	25C FÜNERAL DIRECTOR	a. V. Voc	ADDRESS

deoth occurred on the dote B. DATE SIGNED 11-19-69 (Stote) ADDRESS VS 150-REV. 1/1/6B



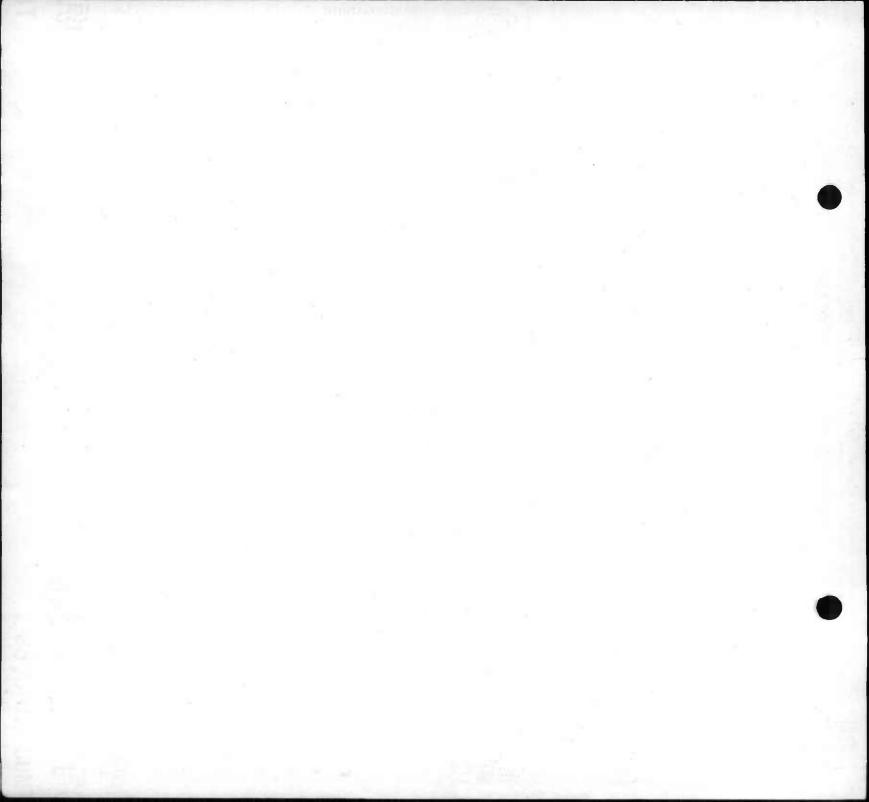
w-	340 69	1163:	L MED	ICAL	BALTIMOR EXAMIN	E CITY HE	EALTH DEPA	RTMENT CATE OF	DEAT	н 6	9 11	631
BIRTH	NO.									KEG, NO	•	
1. NAA	AE OF DEC	EASED		11-4-1-4			2. DATE	Known 🖾	Month	Doy	Yeor	Hour
(Type or	erini)		Robert	Wood:	lea		OF DEATH	Estimated				M.
4. PLAC	E IN BAL				NOUNCED DE		3. DATE		Manth	Day	Year	Haur
FULL NA		(IF NO	IN HOSPITA	L OR INSTITU	JTION, GIVE STR	EET	PRONO	UNCED DEAD	11	21	69	6:25 a. M.
OR INST	NOITUTION	ADDRL	33 ON LOCA	11014)			5. USUAL F	ESIDENCE (When				
2	8	Unix	versity	, Hoen	ital		A. STATE	Marviland		B. COUNTY	14	112
6. SEX	7	7. RACE	versity		NEVER MA		C. CITY OF	Maryland		D. INSIDE C	ITY HMITS?	00
			1									
ma.		colored		WIDOWE		ORCED L	-	Baltimo	re	1	res 🔲	NO L
	OF BIRT		10.AGE (In		Under 1 Yr. II Ur anths , Days , He			AND NUMBER				
	5/26/	12	24	Tool -				2221	Druid	Hill A	ve.	
II. BIRT	HPLACE (S	itate or lareig	n country)	12	CITIZEN OF WHAT COUN	TRY?	13. FATHER					
I 4A. USL dane dur	JAL OCCU	PATION (Give varking lile, eve	kind of work en il rettred)	148. KIND C	F BUSINESS O	RINDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME			
16. WAS (Yes, na	S DECEAS or unknown	ED EVER IN I	U.S. ARMED	FORCES?	17. SOCIAL SECURIT	TY NO.	18. INFOR	MANT			ADDRESS	
h i	This does neart lailure njury or car	E OR CONDI LEADING TO at meon the , asthenio, etc. nplication which	DEATH mode of dyl It means the h caused dea	ing, e.g., diseose, ith.)	(A) (B)				nonoxid	e poiso	BETV	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
11 1	ISE TO THE	OR CONDITION OF CO	JSE (A) STAT	ING THE	(c)_							
SH I	O THE DE	IIFICANT CON ATH BUT NOT CONDITION	RELATED TO GIVEN IN PA	THE TERMIN	AL							
E 204	DATE OF	OPERATION	ZOB. CON	MUIION FC	R WHICH OPE	RATION W	AS PERFORM	VED			21. AUTC	OPSY? (Yes or No)
WEDICAL UN UTI 22D OF	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (II in Boltimore City, give exact location) 110 PRIVING MOR CONTRIB. 12B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (II in Boltimore City, give exact location) 150 bome, larm, lactory, street, allice bidg., etc.) INJURY OCCUR?											
23.	i cert	ify that I he	eld on li	nquiry 🗌	inspection	AL AL	atopsy X	ond that on	this basis,	death in my	onflag	ration
	resulted from: Natural causes Acerdent Suicide Homicide Undetermined manner C											
	SIGNAT EXAMIN	URE W	7/1/1	1	1	M.).	STANT MEDICAL				DATE SIGNED
	NAME (erner I	Spi	tz, M.D.			Chief Medical		\ \xaminer		11/21/69
REMOV	JRIAL CRE	MATION. 2	48. DATE	69	24C. NAME of	CEMETERY	or CREMATO		LOCATION		on, or county	
	REV. 1/1/6	OV 25	1969		E. Jaiber			evi A	runk	01112	Wik	with Are

Lead 1 to 1 Table 25

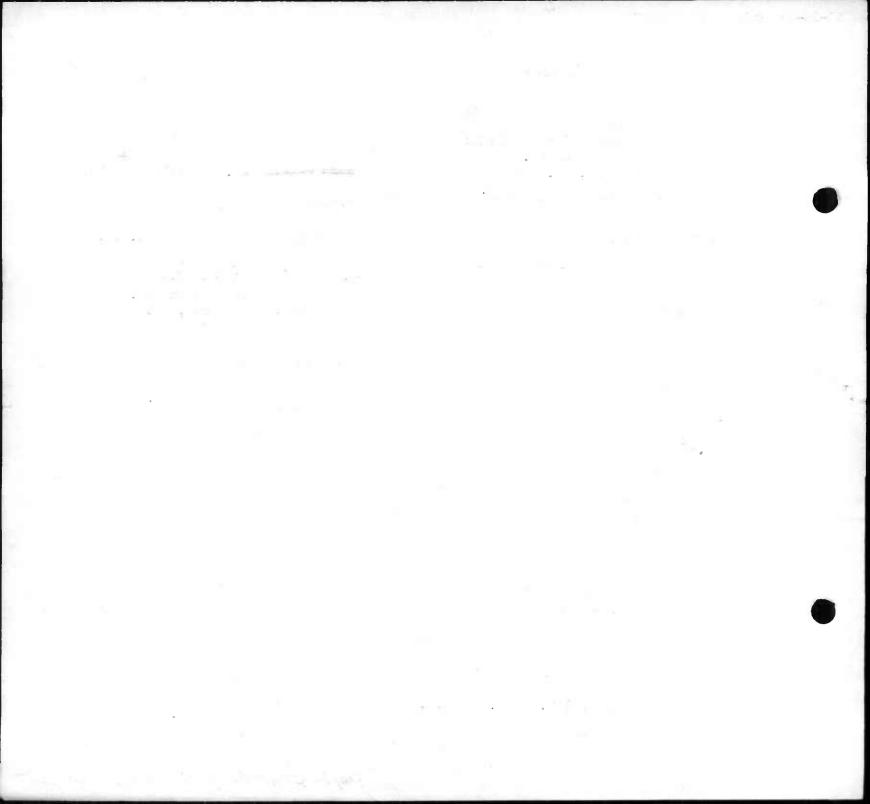
FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

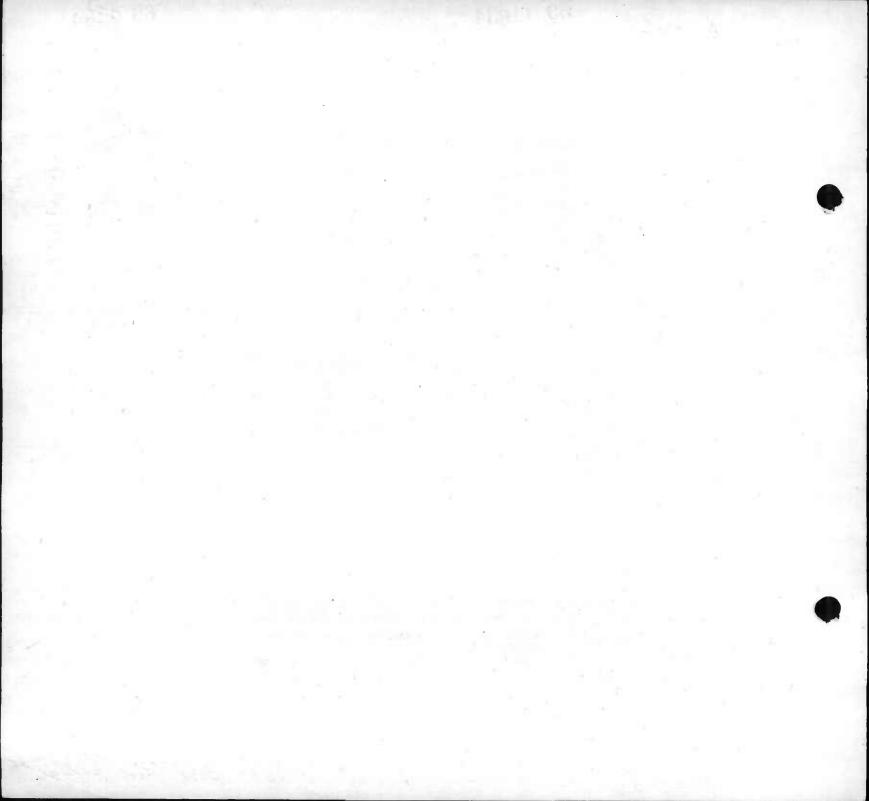
1	1 .121	BALTIMORE CITY	HEALTH DEPARTMENT		CO 44000
RIP	- 436 69 116	32 CERTIFICA	TE OF DEATH	REG. NO	99 11698
1, N	IAME OF DECEASED			HOUR OF DEATH	/ 10 10 30
	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	// D	NOVE)		1 69 2 A M.
3.			A. STATE B. COUNT		12000
II но	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
	KEY CIRCIE	HUSPICE	BALTIMOI		YES NO
19	10 1214 EUTAW	PLACE	E. STREET AND NUMBER	an Ivad	
5, 5	SEX 6. RACE 7. MARE	LYLAND 21217		AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	m C WIDON	WED DIVORCED	1/10/96	13 cg	Months Doys Hours Min.
	LUSUAL OCCUPATION (Give kind of work 10B, KIN) le during must of working life, even if retired) Retired	D OF BUSINESS OR INDUSTRY	North Carol		U S A
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
	Unknow	n	ROSE		
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,na ar unknawn) (If yes, give war ar dotes af serv	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
				MERICK	4616 WESTCHEST
	18./5 OXI	CAUSE OF DEAT	н		BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	100	- Os essolu	har	
	(This daes not mean the made of dying,		A CONSEQUENCE OF:	Zuo	
	heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)	ase,			
	ANTECEDENT CAUSES	a sin	wolized me	this hase	3
	DISEASES OR CONDITIONS, if any, gi		A CONSEQUENCE OF:		
	rise to the above cause (A) stating UNDERLYING CONDITION last.	(C)		••••••••	~ 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00
	II .				
NOL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				
CAI	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE I	FINDINGS CONSIDERED
CERTIFICATION	WAS PERFORMED			IN CERTIFYING CAL	USES OF DEATH?
A.	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimor	e City, give exoct locotion)
MEDIC	21D. TIME (Month) (Day) (Year) (Haut) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
2	(APPROX.)	While At Work Wark Not While At Work			
	22. I certify that (1) (this hospital) attend		5-7	69 to NI	V. 24 1969.
	that (I) (we) lost saw the deceased alive	on Nov. 20	19 6 9 ond tha	t in(my) (our) opi	nion deoth occurred on the date
	and haur and fram the causes stated above		view the bady ofter deoth.		
	23A. SIGN ATURE				23B, DATE SIGNED
	(July	DEGREE Phy	onding Med. Director P	Staff Phys.	m, 24-89
	23C. PHYSICIAN'S NAME (Type)	H D	23D. ADDRESS	C. 1	Ball
	ternando B. Ju	DEGREE			La Book my.
1	A. BURIAL CREMATION, 24B. DATE 11/28/69	MT Auburn	Cemetry 24D. Lo	Ba ltimor e	ty, town 1 caunty) (Stote)
25/		ME OF REGISTRAR	25C. TUNERAL DIRECTOR	d 1206 W	orth A'e
	NOV 25 1969 Pare & Va	Geo Will C	O R. Gratzole		
VS	150-REV. 1/1/68				



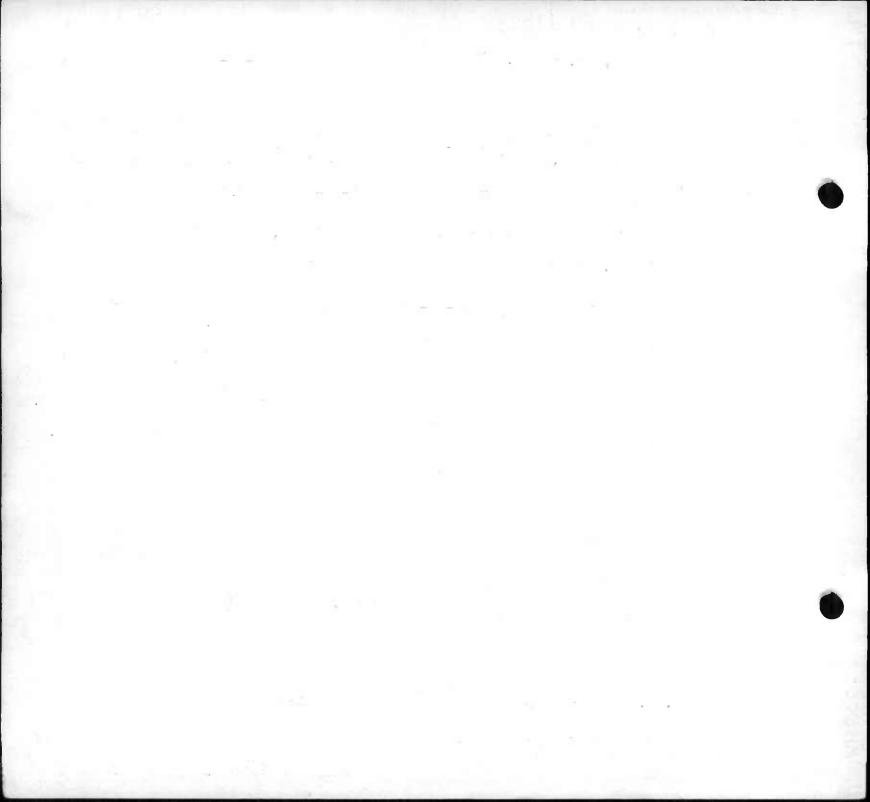
*	1 '-/1'7'7	ATE OF DEATH REG. NO. 69 11633
; [BIRTH NO.	ATE OF DEATH REG. NO. 09 11633
	1. NAME OF DECEASED (Type or Print)	2 DATE AND HOUR OF DEATH
:	Ernestine Coleman 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	Movember 23, 1969 9, 45 PM. [4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
		A. STATE & COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland /OO/
		C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Baltimore City Hospitals 4940 Eastern Ave.	Baltimore YES NO
6	Raltimore Md 21224	1206 ENSOR ST
made	MAKKIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
	Female Negro WIDOWED DIVORCED	7 9 22 1 46
no	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	11. BIRTHPLACE (State at foreign country) 12. CITIZEN OF WHAT COUNTRY?
disposition	LAUNDERSS	Virginia U.S.A.
200	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
is II	FURMAN GRANKON	LUCILLE DRISTOW
_	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Ut yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT 4940 Eastern Ave. ADDRESS
fina	NO	BCH Records: Baltimore , Md. 21224
0	18. 3 40 X I CAUSE OF DEAT	
P	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
balmed	(This does not mean the mode of dving, e.g., (A)IMMEDIATE CA	USE Multiple pressus 3 years
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:
E	ANTECEDENT CAUSES	
9	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSEQUENCE OF:
15 G	rise to the above couse (A) stating the UNDERLYING CONDITION last. (C)	
remains	[]	
E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
0	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION	***************************************
=	WAS PERFORMED	20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
efore th	U 21A. ACCIDENT WAS UNDERLYING 1	NO in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of etc.	ffice bldg., INJURY OCCUR?
	21D. TIME (Month) (Doyl (Yeer) (Hour) 21E INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
brained	(APPROX.) While At Not While At Work At Work	
<u>ة</u>	22. I certify that (L) (this hospital) attended the deceased from	
peo	that () (we) last saw the deceased alive on November &	23 9 10 g and that intrav) (our) opinion death occurred on the date
	and hour and from the causes stated obove. (1) (Me) ((did) (did net)	view the hody after death
must	23A. SIGNATURE	238, DATE SIGNED
=	Michael M. McConnell M. Diggree Phys	Inding Med. Staff Phys. A November 23, 1969
proval	22C BUYELCI ANNE	23D. ADDRESS
Jdd	Michael M. McConnell M.D.	Baltimore City Hospitals 4940 Eastern Ave. 21224
	REMOVAL (Specific) 248. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stole)
i e	Burea 11/28/69 MT. Calvary	Cemellery a.a. County. no
written	NOV 25 1969 C 231. NAME OF A DISTRAR	25C. FUNERAL DIRECTOR
3	MUN 39 1808 1966 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Trappo G. Nocks # 1304 h. Central at
100	/\$ 150-REV. 1/1/68	



1/	1-0	69	11634	BALTIMORE CITY	HEALTH DEPARTMENT		60 11004
BIRTH I	452		11004	CERTIFICA	TE OF DEATH	REG. NO	69 11634
	e OF DECEA	SED YVY	Klen	mick		23-69	8:35 P M.
3. PLA	CE IN BALTIN	ORE, MARYLAND, V	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (When		institution: residence before odmission)
FULL N HOSPIT	NAME OF TAL OR JTION	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITUT ATION)	TON, GIVE STREET	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
4:	30474	Balliver	e Gener	al Horpital	E. STREET AND NUMBER	1 - 7	YES X NO L
					10001	11 51,	
5. SEX	F 6.	RACE	7- MARRIED WIDOWED Z	NEVER MARRIED DIVORCED	B. DATE OF BIRTH April 23, 1897	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
			108. KIND OF	SUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	Charw		OFFICT	Buildings	Maryla	ind	21. S.A.
3. FAT	HER'S NAME				14. MOTHER'S MAIDEN NAM		
		Charle	5 6	-08TZ	172792	ret F)	roeber
5. Wos	Deceased Ev	er in U. S. Armed Fo	rces?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
163,110	No	yes, give wor or dor		16-03-7367-0	Mrs. Nellie Die	Kerson 1	226 Riverside Avrys
18.	175	/ X1		CAUSE OF DEAT	Η	columi	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DI	RECTLY	acula	cronary o	cocusio	Hours
(T)		meon the mode of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:		
he	ort foilure, os	thenio, etc. It meons cotion which coused	the diseose,				· la
1111		TECEDENT CAUSE		(2101	nome Brew	+ Left	6 mmls
				(B) DUE TO OB AS	A CONSEQUENCE OF:		
		CONDITIONS, if obove couse (A)		DUE TO, OR AS	A CONSEQUENCE OF:		
		CONDITION lost.	•	(C)		~ ~ ^ ~ 4 4 4 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
		Н					
ATION OI OI OI	HER SIGNIFICA	ANT CONDITIONS CO	NTRIBUTING				
	EASE OR CON	DITION GIVEN IN PA	RT I (A).		60		
CERTIFIC 197	DATE OF O	PERATION 198. COI	NDITION FOR WI	HICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
H ()				1 1010 11110		
OR	CONTRIBUTI	WAS UNDERLYING [NG CAUSE OF edicol exominer)	21 B. P home, etc.)	LACE OF INJURY (e.g., i form, foctory, street, o	n or obout 21C. WHERE DID injury OCCUR?	(It in Boltime	ore City, give exoct location)
0 211		Aonth) (Doy) (Yeor)	(Hour) 21E. I	NJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
₹ OF	PPROX.)		While	Not While	е		
_		(1) () ()	Work	-	7-	19 m	mente 23 (5
		at (I) (this hospite		deceased tram	011	19 67 to 11	overle 23 1967,
		st saw the deceos		11-23		at in (pasy) (our) op	pinion death occurred an the date
an	d hour and f	ram the causes sto	ted obove. 🕙	(We) (did) (did bot)	iew the bady after death.		
234	SIGNATURE	0 01	01	(,)			23 B. DATE SIGNED
1	cola	ndo V.	your	DEGREE Phy	mding Med. Director	Staff Phys.	11-24-69
230	NAME (Type		6	12	23D. ADDRESS	ALT-AV	e Baltimore
24A. BI	URIAL CREM	ATION, 24B, DATE	24C NA	DEGREE	MATORY 24D. L		City, town, or county) (State)
R		cify) 11/28/	19 Ball	476		B21 Timor	
25A. D	ATE REC'D B	HEALTH DEPT E	SB. AME	MEGISTRAR			neral House, Inc.
NUV	79 130	12 Amores as		765	150	- 1	FORT AVENUE
VS 150	-REV. 1/1/68						



4.0	69 116	BALTIMORE CITY	HEALTH DEPARTMENT	69 11635
BIRT	1-600 03 TTF	CERTIFICA	TE OF DEATH	0. 44 41000
1. N.	AME OF DECEASED or Print) Bauer, Mr. Hern	ian J.	2. DATE AND HOUR OF DE	10:40 A
	LACE IN BALTIMORE, MARYLAND, WHER		4. USUAL RESIDENCE (Where deceased lived A. STATE B. COUNTY	,
HO:	L NAME OF (IF NOT IN HOSPITAL C SPITAL OR ADDRESS OR LOCATION ITUTION Keswick	OR INSTITUTION, GIVE STREET N)	Maryland Balto	INSIDE CITY LIMITS?
C	700 West 40m S	Street 21211	Baltimore E. STREET AND NUMBER,	YES NO NO
1	Baltimore, Ma		7100 Philadel	phia Rd
S. \$1	The state of the s	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hr Months: Doys Hours: Min.
		IDOWED TO DIVORCED	4-16-88 lost bithdoy	
	USUAL OCCUPATION (Give kind of work 10B, during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTE
	elf Employed	GroceryStore	Baltimore, Maryland	USA
	ATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Frederick C. Bauer		Sophia Eggert	
15. V (Yes,	as Deceased Ever in U. S. Armed Forces?	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		217-16-8009	Gott RN	Keswick
	18.4/2,41	CAUSE OF DEATH	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
1	DISEASE OR CONDITION DIRECT	(Erch	ro- Voscular Decide	st 5h
-	(This does not mean the mode of dyi	ng, e.g., (A) IMMEDIATE CAU	SE A CONSEQUENCE OF:	
	heart failure, asthenia, etc. It means the injury or complication which caused dea		1 1	
	ANTECEDENT CAUSES	(a) Cere	prol prevosere	Sis 6 Month
	DISEASES OR CONDITIONS, if ony,	giving	A CONSEQUENCE OF:	
	rise to the obove couse (A) sto UNDERLYING CONDITION lost.	ling the	Durth Congestive Board	tolue 6 yrs
	11		1	
	OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO THE TE			
A	DISEASE OR CONDITION GIVEN IN PART 1		20A. AUTOPSY? (Yes or No.) 208. IF YES, V	WERE FINDINGS CONSIDERED
ERTIFIC	WAS PERFORM	MED OFFICE OFFICE	IN CERTIFYING	G CAUSES OF DEATH?
O	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of	n or obout 21C. WHERE DID (If In Bo	oltimore City, give exoct location)
CAL	DEATH (notify medical examiner)	etc.)	ince stag., INSOKI OCCOK!	
5	21D. TIME (Month) (Doy) (Year) (H	loud 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
2	(APPROX.)	While At Work Not While At Work	e 🔲	
	22. I certify that (I) (this haspital) at	tended the deceased from	1969 to	24 NOV 1969
	that (I) (we) lost sow the deceased o	live on 24 Nov	19 Of ond that in (my) (our	r) opinion deoth occurred on the c
	ond hour ond from the couses stated	obove (1) (We) (did) (did not) v	iew the body ofter deoth.	
	A. SIGNATURE	^ 1	/	23B. DATE SIGNED
	(lee heed 1). Ku	Lord yer the Degree Phys	nding Med. Staff Director Phys.	24 NOJ 1969
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
	A. D. Richardson M	MD OEGREE	Keswick	
24A	BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE		(City, town, or county) (State
15	URIAL NOW 28 1969	Opicioni Ce	en Balto	md
25A	DATE REC'D BY HEALTH DEPT.	AME OF SEGISTRAR	25C UNERAL DIRECTOR	ADDRESS
M	1 2.5 1969 Jacob Co	- 10 10 10 10 10 10 10 10 10 10 10 10 10	Begakk Jannin	263 5. CONKLIN
\$ 1	50-REV. 1/1/68			37



W-362

69 11636	BALTIMORE CITY H	HEALTH DEPAR	TMENT				
MEDICAL	EXAMINER'S	CERTIFIC	CATE OF	DEATH	REG. NO.	69	11636
Pehecca S	Waters -	2. DATE OF DEATH	Known 🔀	Manth	Day	Year	Hour

BIRTH NC.	KEG. NO.
t, NAME OF DECEASED (Type or Print)	2. DATE Known 🔀 Month Day Year Hour
Rebecca S. Waters	OF DEATH Estimoted \(\Bar{\text{\tin\text{\texi{\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\timn{\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\tint{\text{\text{\text{\text{\text{\tin}}\tint{\text{\text{\tin\text{\text{\texi}}\text{\text{\text{\text{\text{\texi}}\text{\text{\text{\texi}\text{\text{\text{\texi}\text{\texi}\text{\text{\texit{\texi{\texi{\texi{\texi{\texi{\texi{\texi}\tiint{\texi}\tin}\tint{\text{\texi{\texi{\texi{\texi}\tint{\tinitit{\texi}\t
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	11 23 69 12:45p M. 5. USUAL RESIDENCE (Where deceased lived, it institution; residence before admission)
	A. STATE B. COUNTY
5312 St. Albans Way	Maryland
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
female white WIDOWED DIVORCED	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
Aug. 2,1901 lost birthdoy) Months Doys Hours Min.	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
- WHAT COUNTRY?	
Penna. 14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even il retired)	Charles J. Sellors
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME
Housewife Own Home	Alice Baldwin
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. 215-05-228	0 Mar 71-2
No 215-05-228	
CAUSE OF DEA	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A)IMMEDIATE	cause Carbon monoxide poisoning
	AS A CONSEQUENCE OF:
Injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
L LINDERLYING CONDITION LAST	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
O A	AS FERFORMED [21. AUTOPST? (165 OF 140)
	no
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., home, form, foctory, street, office the property of the prop	In ar obout 22C, WHERE DID (If in Boltimore City, give exoct location) ce bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.	5312 St. Albans Way
	22F. HOWDID INTIPY OCCUP?
OF INJURY (APPROX.) 11 23 69 7 WHILE AT NOT	work inhalation of auto exhaust fumes
(APPROX.) 11 23 69 ? m. WORK	work inhalation of auto exhaust fumes
	. 🗆
	stopsy U and that on this basis, death in my opinion
resulted from: Notural couses Accident Suici	de LX Homicide Undetermined monner
1110 1 ()	CHIEF MEDICAL EXAMINER
SIGNATURE WALL THE M.E.	ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.C	ASSOCIATE MEDICAL EXAMINER
	Deputy Chief Medical Examiner 11/24/69
24A. BURIAL CREMATION, 24B. DATE Z4C. NAME of CEMETERY	
REMOVAL (Specify)	
Burial 11/26/69 Christ Chur	ch Cem. Forest Hill, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS
NOV 25 1969 Pole En Jesten M. E.	H.W. Jenkins & Sons Co. 4905 York Rd.
	9 6 9 Balto, Md. 21212

beautiful and the life standard a least the second

A STATE OF THE PARTY OF THE PAR

	CO 11 000	HEALTH DEPARTMENT	
	69 11637 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	69 11637
		REG. NO	
	1. NAME OF DECEASED (Type or Print)	2. DATE Known A Month Day	Year Hour
	Juanita Johnson	DEATH Estimated L	М.
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE Manth Day PRONOUNCED DEAD 11 02	Year Hour
	FULL NAME OF OF THE PROPERTY O	PRONOUNCED BEAD 11 · 23	69 8:00 a. _м
A		5. USUAL RESIDENCE (Where deceased lived. If institution: r A. STATE B. COUNTY	esidence before admission)
	2811 Kinsey St.	Maryland	2006
	MAKKIED MI NEVER MARRIED L	C. CITY OR TOWN D. INSIDE CITY	LIMITS?
	female colored WIDOWED DIVORCED 9. DATE OF BIRTH 1035 10.AGE (In years If Under 1 Yr. If Under 24 Hr		NO D
	(last birthday) Months : Days : Hours : MI	rs. E. STREET AND NUMBER	
	12-24- 1934 33 34	2811 Kinsey St.	
	11. BIRTHPLACE (Stote or lareign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
	Anniston, Alabama WHATCOUNTRY?	Richard Burton, Sr.	
	4A.USUAL OCCUPATION (Give kind al work 14B. KIND OF BUSINESS OR INDUST		
	Shephard Pratt Hos	Edited religiosom	
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na ar unknown) (If yes, give war or dates of service) No. 17. SOCIAL SECURITY NO 1424-40-2216		RESS
		6 Mr. Kenneth B. Johnson 281	l Kinsey Avenue
	19. 5 7/ CAUSE OF DE	EATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		
	LEADING TO DEATH	ECAUSEFatty alteration of liver	
	near idiore, osinenio, etc. if means the disease,	R AS A CONSEQUENCE OF:	
	injury or complication which caused death.)		
	ANTECEDENT CAUSES (B)		
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	PR AS A CONSEQUENCE OF:	
	1 UNDERLYING CONDITION LAST.		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION 1		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
	DISEASE OR CONDITION GIVEN IN PART 1 (A).		
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED 2	I. AUTOPSY? (Yes or No)
			yes
	22A- EXTERNAL CAUSE WAS 22B.PLACE OF INJURY (e.g. home, form, loctory, street, of	g., in or about 22C. WHERE DID (If in Boltimore City, give exact I fice bldg., etc.) INJURY OCCUR?	ocatian)
-1	UTING CAUSE OF DEATH.		
	22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED		
	(APPROX.) WHILE AT NO NO AT	OT WHILE WORK	
п	23.		
	I certify that I held an Inquiry Inspection A	and that an this basis, death in my ap	Inian
	resulted from: Natural causes X Assident Sulc	ide Homicide Undetermined manner	
4	ACTUAL WIRE ALL COM	CHIEF MEDICAL EXAMINER	DATE SIGNED
9		.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
		Deputy Chief Medical Examiner	11/23/69
	REMOVAL (Specify)	(only town)	
	Burial 11-28-69 Mt. Auburn	Cemetery Baltimore,	Maryland
1	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF DEGISTRAR		RESS
	NOV 25 1969 The E. Jaben, M.D.	MORTON & DYETT F.H. 1701 La	aurens Street
11-			

VS 151-REV. 1/1/68

12/5/69 - Correction form from funeral director.

Affic.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

written approval must be obtained before the remains are embalmed or final disposition is made.

was D.O.A. at a hospital (except where the physician who pronounced death was in regula deceased prior to death); and (6) No physician was in regular attendance on the deceased

Such

death.

prior to

was in regular attendance on the

BALTIMORE CITY HEALTH DEPARTMENT 69 11638	
BIRTH NO. 69 11638 CERTIFICATE OF DEATH REG. NO. 69 11638	
Type or Print) ELIZABETH COTTON 2. Date and Hour of Death 11 24 69 2.30 Am	м.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmiss A, STATE B, COUNTY	ion)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? YES TO NOT	
E. STREET AND NUMBER	—
Anhburton St. 258, Edmonson Ave.	
F C WIDOWED DIVORCED 7-31-05 9. AGE (In years lost birthday Months Doys Hours Mir	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUN	TRY?
Domestic larboro North Carolina U.S.A.	
13. FATHER'S NAME	
thory terry Home terry	
S. Was Deceased Ever in U. S. Armed Force 2 16. SOCIAL 17. INFORMANT ADDRESS Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO.	
No. 212-16-0958 Mr. Luther Cotton 25 81 Edmondson	An
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not meen the mode of dying, e.g., heart foilure, osthenia, etc., It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF:	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notily medical examinet) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID INJURY OCCUR?	
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURED OF INJURY (APPROX.) While At Not While At Work Not While At Work	Į
22. I certify that (I) (this hospital) attended the deceased fram 11. 22. 69 19 to 11. 24. 1969	
that (1) (we) last sow the deceosed olive on 11.23. 1969 ond that in (my) (our) opinion deoth occurred on the	dote
ond haur and from the couses stated above. (1) (We) (did) (did not) view the body ofter death.	
23A. SIGNATURE Attending Med. Staff Phys. Director Phys. D	
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	
TAMERO ALMAN LUMBER HOSPILAL OLMD. Baltim	lou

24A. BURIAL CREMATION, 2. REMOVAL (Specily) 28 6

CEMETERY 24C. NAME of

LOCATION

(City, town, or county) (Stote)

REC'D BY HEALTH DEPT 25A. DATE 2

25B. NAME OF RE

MOSTORS DURE

LAVULA no

VS 150-REV. 1/1/6B



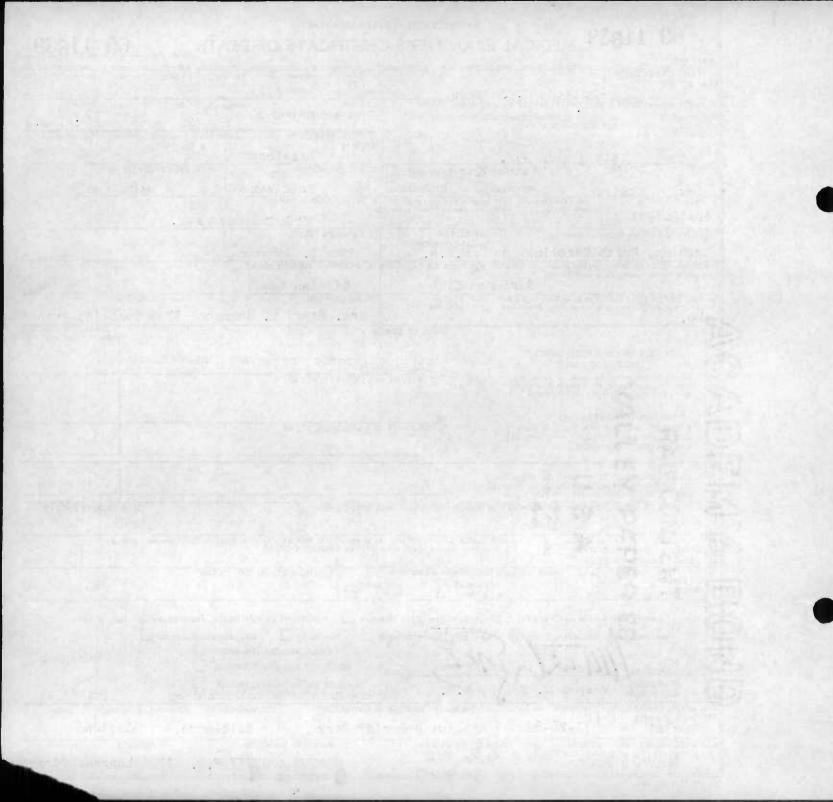
23.

VS 151-REV. 1/1/68

BALTIMORE CITY HI	EALTH DEPARTMENT
69 11639 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 69 11639
IRTH NO.	REG. NO. OU TIDOU
NAME OF DECEASED	2. DATE Known Known Month Doy Yeor Hnur
Merrick C. Johnson	OF DEATH Estimoted A
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	I.3. DATE Month Doy Year Hour
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 11 23 69 9:47 a. M.
RINSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution; residence before admission)
1619 Ruxton Ave.	A. STATE Maryland B. COUNTY /5 //
SEX 7. RACE 8. MARRIED NEVER MARRIED	C, CITY OR TOWN D. INSIDE CITY LIMITS?
	D-144
male colored WIDOWED DIVORCED DATE OF BIRTH 10. AGE (In years Funder Yr. Under 24 Hrs.	Baltimore YES NO DE STREET AND NUMBER
10-16-1911 lost birthdoy) Months Doys , Hours Min.	
BIRTHPLACE (Stole or foreign country) 12, CITIZEN OF	3202 Yosemite Ave.
Lothian, North Carolina WHAI COUNTRY?	John C. Johnson
A.USUAL OCCUPATION (Give kind of work) 48. KIND OF BUSINESS OR INDUSTR	
neduring most of working life, even if retired) Surburan Club	Lillian Day
. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	Lillian Day 18. INFORMANT ADDRESS
es, no or unknown) (If yes, give war or dotes of service) SECURITY NO.	
No.	Mrs. Ethel L. Johnson 3202 Yosemite Avenue
19. CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH Arterio	sclerotic cardiovascular disease
	AS A CONSEQUENCE OF:
injury or complication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	no
22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g.,	In or obout 22C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB- home, form, foctory, street, office UTING CAUSE OF DEATH.	e bldg., etc.) INJURY OCCUR?
OTING LI CAUSE OF DEATH.	

(Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE (APPROX.) I certify that I held on Inquiry Inspection X Autopsy and that on this basis, death in my opinion resulted from: Natural causes, 💟 Accident Undetermined monner Homicide ___ CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER' ASSOCIATE MEDICAL EXAMINER Werner U. Spi z, M.D. NAME (Type) Deputy Chief Medical Examiner 11/23/69 24A. BURIAL CREMATION, 248. DATE 24D. LOCATION (City, town, or county) 24C. NAME of CEMETERY or CREMATORY REMOVAL (Specify) 11-26-69 Arbutus Memorial Park Baltimore, Burial Maryland 258. NAME OF REGISTRAR D. R. & E. Jaber, M.D. 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS

1701 Laurens Street



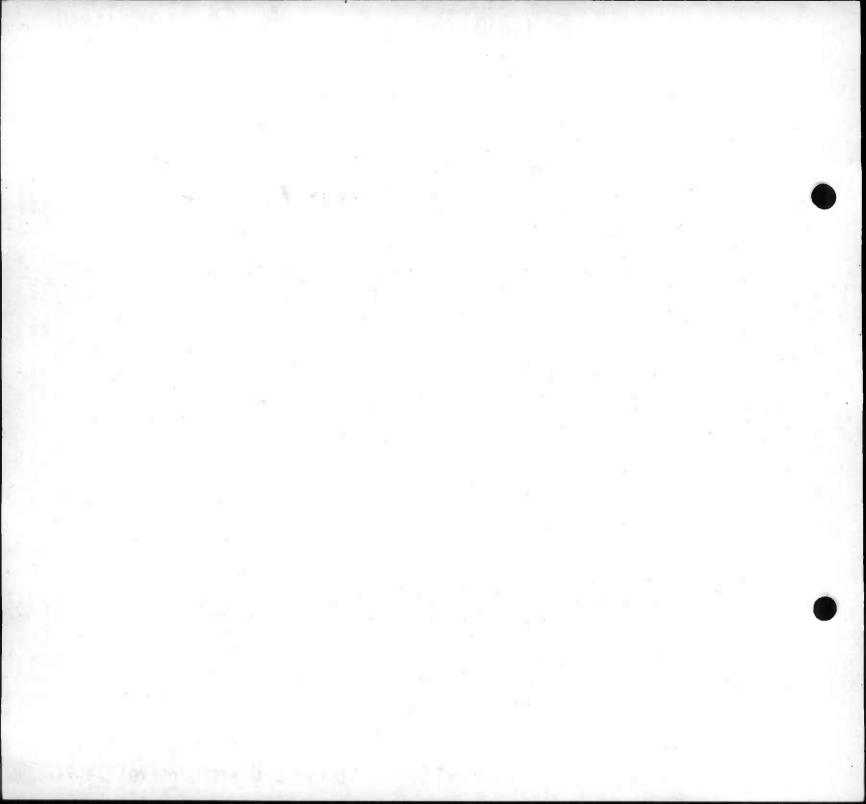
FUNERAL DIRECTOR:

BIRTH NO. 69 116	40 CERTIFICA	TE OF DEATH	00 3.2010
TINAME OF DECEASED	gan (Spri	2. DATE AND HOUR OF DEATH	1.0
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	4	A) 1.20 am 11/24/	itution: residence belore admission)
3. PLACE IN BALIMORE MARILAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUNTY Malyland	2010
FULL NAME OF (IF NOT IN HOSPITAL OR INS	STITUTION, GIVE STREET		E CITY LIMITS?
INSTITUTION	. (0 0	'O a l la ma	YES A NO
46 Lutheren Ho	spr tal	E. STREET AND NUMBER	
10	•	4923, Palmee Ave	
	ED NEVER MARRIED		If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Tenula Negroe WIDOW		6-11-19 50	12 CITITEN OF WHAT COUNTRY
done during most of working life, even if retired)	OF BOSINESS OK INDOSIKE	VII MI	12. CITIZEN OF WHAT COUNTRY
Menemployed		BAHIMOR, ILANJAND	U.SA.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
UNK.		Carrie Wright	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar dates all services)	e) 1 6. SOCIAL SECURITY NO.	Robert Logan (Husbane	ADDRESS
No.		Robert Logan (Husband	
18. 4 0 3 XI	CAUSE OF DEAT	Н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Assemis é acidos	3.8
(This does not meen the made of dying, e		A CONSEQUENCE OF:	
heall failule, asthenia, etc. It means the disectinjuly of camplication which caused death.)	ose,		
ANTECEDENT CAUSES	- Hype	elension &.	
DISEASES OR CONDITIONS, if ony, giv	ing DUE TO, OR AS	elénsión & - A CONSEQUENCE OF:	
rise to the above cause (A) stoting UNDERLYING CONDITION last.	(C)		
11	(~/		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION			
☐ IO THE DEATH BUT NOT RELATED TO THE TERMIN ☐ DISEASE OR CONDITION GIVEN IN PART 1 (A).			000000000000000000000000000000000000000
198. CONDITION FOR WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, factory, street, a etc.)	in or about 21C. WHERE DID (If in Boltimore ffice bldg., INJURY OCCUR?	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Work Not Whi		
22. I certify that (I) (this hospital) attende	ed the deceosed from	[2] 19 (-5 to [124 1968
that (1) (we) lost saw the deceased alive of	11 20 am 11	24 19 6 7 and that in (my) (our) opin	on deoth occurred on the dot
ond haur ond fram the causes stoted above	/		
23A. SIGNATURE	Ath GEGREE Phy	ending Med. Staff	11/24/69.
23C. PHYSICIAN'S NAME (Type) PRATIMA KI	HASTAGIR M'DEGREE	23D. ADDRESS Lucheen Hos	prifil
24A. BURIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City	, town, or county) (State)
Burial 11 28/69	BAK NAT	Lem. BAHIMOR,	Maryland
254 DATE PEC'D BY HEALTH DEPT 258 NAA	AE OF PEGISTRAP	25C FILNERAL DIRECTOR	A D-D/RESS

broken &

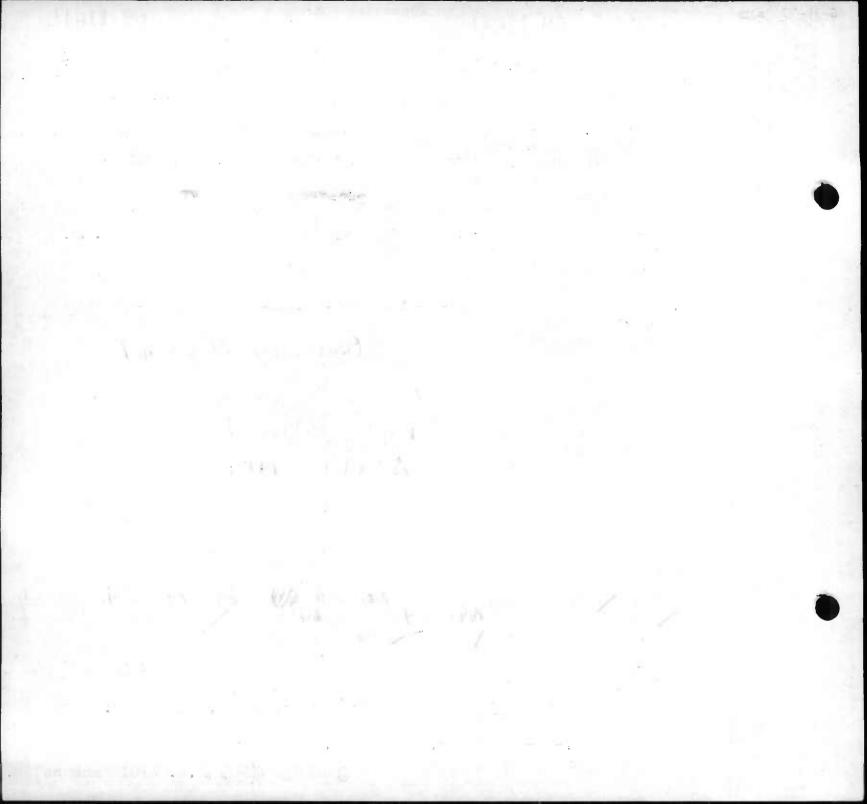
1701

O. R. DE. Barby, M.D.



69 11641

BIR	TH MO.	00	TTÜA	CERTIFICA	TE OF DE	EATH	REG. NO	
1, N	AME OF DEC	EASED				2. DATE AND	HOUR OF DEAT	H 10 18
			VIOLA JO			1000	29, 140	09 10.7 AN
3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESID	B. COUNT		institution: residence before admission)
HC	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	Maryland c. CITY OR TOW			Baltimore 5 36
1111	A 4	Baltimore Ci	ty Hospi	.tals				YES NO T
-	31	4940 Eastern	Avenue		E. STREET AND			
-	1	Baltimore, Mai	ryland 2	21224	228 Ch	estnut S	Street	21222
5. S	ex Cemale	6. RACE Negro	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	2-9-189	lo	AGE (In years st birthde 72	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
				BUSINESS OR INDUSTRY	11. BIRTHPLACE			12. CITIZEN OF WHAT COUNTRY
		working lile, even if retired)						
	Housew		1	Iome	Virgin			U.S.A.
13.	FATHER'S NA	WE			14. MOTHER'S A	MAIDEN NAM	E.	
	J	ohn Smith			Su	sie Cw	rtis	
		Ever in U. S. Armed Fo		1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
	No.	, , , , , , , , , , , , , , , , , , , ,		227-01-9133A	Records	:BCH-494	40 Eastern	Avenue 21224
\vdash	18. 1) 4	091		CAUSE OF DEATI	H			APPROXIMATE INTERVAL
N	hearl failure, injury or cam DISEASES (rise to the UNDERLYING	LEADING TO DEATH not mean the made of asthenio, etc. It means application which couses ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION fast.	s the disease, d death.) ony, giving stating the	Proba	SCHOOL	108011	lial In	yaukon
CERTIFICATION	TO THE DEAT	H BUT NOT RELATED TO TO ONDITION GIVEN IN PA	THE TERMINAL RT 1 (A).	~		, , ,		
IFIC	19A. DATE OF		NOITION FOR	WHICH OPERATION		Y? (Yes or No)	IN CERTIFYING C	E FINDINGS CONSIDERED YES
AL	OR CONTRIBL	NT WAS UNDERLYING [JTING CAUSE OF medical examine)	21 B hom etc.	PLACE OF INJURY (e.g., ine, form, foctory, street, of	n or obout 21C. WI	HERE DID OCCUR?	(If in Boltim	nore City, give exoct locotion)
MEDIC	21 D. TIME OF INJURY IAPPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED ile At Not While At Work		OW DID INJU	RY OCCUR?	24
	-	that (1) (this hospita lost sow the deceas		41 21	19 69	and that	t in (mx) (our) o	pinian death accurred on the dat
	ond hour and	from the couses sta	ted obave. ((We) (did) (did not) v	riew the bady at	fter death.		
	23A. SIGNATU	ruciaco fojac	La	Phys			taff hys.	180 24 196
	23C. PHYSICIA		6	UEGKEE	23D ADDRESS		ce City Ho	enitale
	NAMEST	Francisc	co Teja	da			_	-
24/	BURIAL CRE	MATION, 24B. DATE		AME of CEMETERY OF CRI		24D. LO	enue, Balti	(City, town, or county) (Stote)
6	Buria	Specify) 11-2		Balto. Nat']	L Cem.	В		, Maryland
254	NO	V 25 1969 R	Ber E.		25C. FUNERA		ETT F.H.	ADDRESS 1701 Laurens St



T-	520	1
•	th occurred in a hospital and contributing cause of death determined cause; (5) Deceased in regular attendance on the	eceased prior to death. Such
	if ded set or t) Unc was	the d
IMPORTANT	Also, if the dire e of any kind; (4	attendance on t
FUNERAL DIRECTOR: IMPORTANT	y the chief medical examiner of ital by a medical examiner. As (2) Body burns; (3) A fracture then the physician who pron	No physician was in regular of
•	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

			BALTIMORE CIT	Y HEALTH DEPARTM	ENT	00 44049
IRTH NO.	0	11642	CERTIFICA			69 11642
.NAME OF D Type or Print)		Jones			November 21, 196	59
. PLACE OF I	DEATH IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE	E (Where deceased lived, If in	stitution: residence before admission
FULL NAME	OF (If not in hospitate) R oddress or tocation	or institution,	give street	MARYLAND		1506
INSTITUTION	odgless of focula	,,,,,		BALTIMOR		(URAL ond give township)
280	o Wn	rth	and.	D. STREET ADDRESS 2917 Pre	(If rural, give location) sbury Street	
Male	6. RACE Negro	WIDOWE	NEVER MARRIED D, DIVORCED (specify) arried	8-28-1910	9. AGE (In years last birthdoy) 59	tf Under 1 Yr. If Under 24 Hrs Manths Doys Haurs Min.
	CCUPATION (Give kind of war of working life, even if retired)	k 10B. KIND OF	BUSINESS OR INDUSTRY	Baltimore,	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S N				14. MOTHER'S MAID	-	1
	Henry Jones			Unk		
5. Wos Deceas Yes, no or unkno	sed Ever in U. S. Armed Fo wn)(II yes, give wor or dot	es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes		17/45		Mrs. Betty	Jones 2917 P	resbury Street
(This daes	EASE OR CONDITION DI LEADING TO DEATH in nal mean the made at te, asthenia, etc. It means amplication which caused	f dying, e.g., s the disease,		Monary	Thombosis	ONSET AND DEATH
rise to UNDERLYI	OR CONDITIONS, if the above cause (A) NG CONDITION last.	stating the	(C)			
DISEASE C	OF OPERATION 198. CON	1 T.	WHICH OPERATION	20 A. AUTOPSY? (Ye	es or Nol 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OP CONTR	DENT WAS UNDERLYING [IBUTING [] CAUSE OF	218 hor	. PLACE OF INJURY (e.g., ne, lorm, loctory, street, c	in or obout 21 C. WHERE	DID (If in Boltimore	City, give exact location)
DEATH (no	(Month) (Doy) (Year)	etc.				
21 D. TIME OF INJURY (APPROX.)	(World) (Doy) (Year)		ile At Not Whi	le 🗀	DID INJURY OCCUR?	
1	fy that (I) (this hospita e) lost sow the deceas			1969		1969 nian death occurred on the da
ond hour of	ond from the couses sta TURE	ited obove. (l) (We) (did) (did not)	view the body ofter	death.	23B. DATE SIGNED
OR	ALLU. A	ewl	M.D. Att	ending Med. Directo	Stoll Phys.	11/24/69
23C. PHYSIC	Trybe)	Redli	M.D.	23D. ADDRESS	3 aven Street	· Balts 4/212/2
	1					
4A. BURIAL C REMOVAL		69 Ba	altimore Nati		Baltimore,	ty, town, or county (State) Maryland

Zurad wyst sig V 2

fe te

rest in the sate of the sate o

ere to the second of the secon

M-32 1 69 11643 MEDICAL EXAMINER'S CERTIFICATE OF DEATH and

69 11643

BIRTH NO.	1010	MILL	ICAL	. [/	CAMINER'S	LEKIIF	CATE	OF DEAT	REG. NO.			
1. NAME OF DEC	EASED			(M.	atthews)	2. DATE	Knawn [Month	Doy	Yeor	Hour	
(Type or Print)	C	larenc	e H.		thews , Jr.	OF DEATH	Estimoted	□ 11	23	69	5:30	р. м.
4. PLACE IN BAL						3. DATE		Manth	Doy	Yeor	Hour	100
FULL NAME OF HOSPITAL	(IF NOT	IN HOSPIT	AL OR INST	TITUTIO	ON, GIVE STREET	PRONC	DUNCED DEAL	11	23	69	5:30	D . 4
OR INSTITUTION	A						RESIDENCE (Where deceased li	ed. If institution:			
00 31	l22 Pre	sstmar	St.			A. STATE	Maryla	nd	B. COUNTY	11	07	
6. SEX	7. RACE		B. MARR	IED &	NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE CIT	Y LIMITS?		
male	color	ed	WIDOW	VED [DIVORCED		Balti	more	YE	s 🗵	NO 🗆	
9. DATE OF BIRTH	1	10. AGE (I	n yeors	If Un	der 1 Yr. II Under 24 Hrs. hs : Days : Hours : Min.	E. STREET	AND NUMBI	ER				
1-4-191	3		56				3122	Presstman	St.			
11. BIRTHPLACE (S	tate or loreig	n country)			ITIZEN OF	13. FATHE	R'S NAME					1110
Baltimor	e, Mary	land		W	HAT SOUNTRY?	C	larence	Matthews	, Sr.			
	PATION (Give	kind af work	14B. KIND	OF B	USINESS OR INDUSTRY	15. MOTH	ER'S MAIDEN	NAME				
Laborer	urking ine, eve	in wremed,					Emma Mat	thews				
16. WAS DECEASI	D EVER IN L	J.S. ARMEI	FORCES	?	17. SOCIAL SECURITY NO.	18. INFOR	MANT		AD	DRESS		
(Yes, no ar unknown) Yes	171174	15 8/	26/45		215-05-0219	Mrs	Lainie	Matthews	3122	Pres	stman	Stre
19. 110	1				CAUSE OF DEA	тн					PPROXIMATE I	
DISEASE	E OR CONDI	TION DIDE	CTIV							DE.	WEEN ONSET	AND DEAL
	LEADING TO		CILI		A. MANAGEMATE C	Auer Br	onchose	nic carci	noma			
(This does no	ot meon the	made of dy	ring, e.g.,				QUENCE OF:	nice editor				
tnjury or can	osthenia, etc. plicotion whic	h coused de	ath.)									
	ITECED ENIT	CALLEEC										
	NTECEDENT O		Y. GIVING		(B) DUE TO, OR	AS A CONS	EQUENCE OF:					
IINDESIVIN	R CONDITION ABOVE CAL	JSE (A) STA	TING THE									
20					(c)							
OTHER SIGN	IFICANT CON	II IDITIONS CI	ONTRIBILIT	ING								
O THE DEA	TH BUT NOT	RELATED TO	THE TERM	INAL								
20A. DATE OF	OPERATION			FOR	WHICH OPERATION WA	S PERFOR	MED			21 AUTO	OPSY? (Yes	or No
5					THE OF EXAMPLE	is remon					311 (,
22A EVIEN	VAL CAUSE V	MAS		22R D	LACE OF INJURY (e.g.,	in as should	22C WHERE	DID (II to Boldero	- City -ty-	11	no	
UNDERLYING				hame,	form, foctory, street, altic	e bldg., etc.)	INJURY OCC	UR?	re City, give exac	i lacation)		
UNDERLYING UTING CA			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \) Inc	S INTITION O COLLEGE		225 110111 51	n in think of Co.	Ina			
OF INJURY	Month) (D	ay) (Yea	r) (Hour	. 1	HILE AT NOT	WHILE -	22r. HOW DI	D INJURY OCCI	JR?			
(APPROX.)				m. W	ORK AT W							
23.	f. at -a 1 t .		. г	7			1.1					
	ify that I he		nquiry L			top sy 📙		an this basis,	_	7		
result	ed from: No	atural cau	1505	Ac	cident Suicid	le L H	lamicide		ned manner L			
ACTUAL	11111		2/10	1	117		CHIEF MEDIC	CAL EXAMINER			DATE SIG	NED
SIGNATU	JRE LL	N	VV	11	M.D	. ASS	ISTANT MEDI	CAL EXAMINER				
EXAMINI NAME (T	y Wern	er U.	Spitz		M.D. De	ASS eputy (Chief Me	dical Examiner	miner		11/24/	69
24A. BURIAL CREA	AATION, 2	4B. DATE		240	. NAME of CEMETERY			24D. LOCATION		or county) (St	ote)
REMOVAL (Specif Buria	Y	11-26			Baltimore N	ationa	1 Cem.	Balti		aryla		
2SA. DATE REC'D		EPT.	25B. N	AME	OF REGISTRAR	2SC.	FUNERAL DI	RECTOR	AL	DRESS		
NOV	25 196	9 %3	28 E.	Va	Ben 22 D	MO	RTON & D	YETT F.H	. 1701	Laure	ns Str	eet
VS 151-REV, 1/1/68			1 9	-6		9 19	0-3	0-				

5-362
69 11644 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

_		E PURLIMORE CITT HEVELLI DELYKIMEMI	
A	AEDICAL	EVALAINIEDIS CEDTICICATE	OF D

. NO	69	1164	4
. NO		100	

BIRTH NC.	REG. NO.	00 77033
1. NAME OF DECEASED Scattergood	2. DATE Known XX Month Day	Yeor Hour
(Type or Print) Lloyd Scatter Good	OF	(0 0 00 -
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Doy	69 2:30 Pm.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 11 20	69 3:10 p M
DOA	5. USUAL RESIDENCE (Where deceased lived, if institution: re. A, STATE B. COUNTY	esidence before admission)
Sinai Hospital		Adams V-2
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	
male White WIDOWED DIVORCED	Cottychung	
9. DATE OF BIRTH 7 929 10. AGE (In years Under 1 Yr. Under 24 Hrs.	Gettysburg yes	U No L₄
SANT U WESTSIE		
11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF	RFD #5	
144147 00111 1011		
Total of physical no not	Albert Scattergood	
14A. USUAL OCCUPATION (Give kind all work) 14B. KIND OF BUSINESS OR INDUSTR' dane during most of working life, even il relired) Truck Driver Freight Line		
	Alice Lloyd Scatters	tood
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	IR INFORMANT Danne T TE ADM	
(Yes, no or unknown) (If yes, give war ar dales al service) 279 20 384	6 (Mrs) Elizabeth Scatter	race, Mr.
19. CAUSE OF DEA		APPROXIMATE INTERVAL
601010		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
(This does not mean the mode of dying, e.g., (A) MMEDIATE C	CAUSE <u>Multiple injuries</u>	
heart lailure, asthenia, etc. it means the disease.	AS A CONSEQUENCE OF:	
injury ar complication which caused death.)		
ANTECEDENT CAUSES (A)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST		
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	IC DECLARATE	
O 7	AS PERFORMED 2	I. AUTOPSY? (Yes ar No)
		yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., home, larm, lactary, street, affice	in or about 22C. WHERE DID (If in Baltimare City, give exact le	acation)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 122E INTURY OCCUPRED	Wm. Groff Fuel Co.	ading to
22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED.	122F HOW DID INTURY OCCUPS	oise of sheet
(APPROX.) 11 00 CO 0 1 D WHILE AT THE NOT	WHITE	sion of chest
23. 11 20 69 2:15 m. WORK X AT W	ork Uldue to being pinned under	truck
I certify that I held an Inquiry Inspection Aut	topsy 🗓 ond that on this basis, death in my opi	nion
resulted from: Natural causes Accident & Suicid		mon
Accident My Soleto	CHIEF MEDICAL EXAMINER	
ACTUAL MELLY (M)		DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S NAME (Type) Werner U. Spitz, M.D. De	ASSOCIATE MEDICAL EXAMINER	11/01/00
	puty Chief Medical Examiner	11/21/69
REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, tawn, ar	county) (Stote)
Burial 11/23/69 Meadow Brow	nch cem Westminster. M	d Punal
23A. DATE REC'D BY HEALTH DEPT. 126E. NAME OF BEGISTRAR	25C. FUNERAL DIRECTOR ADDR	ess Md
NOV 25 1969 1968 E. Marbey 160,		1100
0700	D. D. Hartzler & Sons,	Ourou Rifas

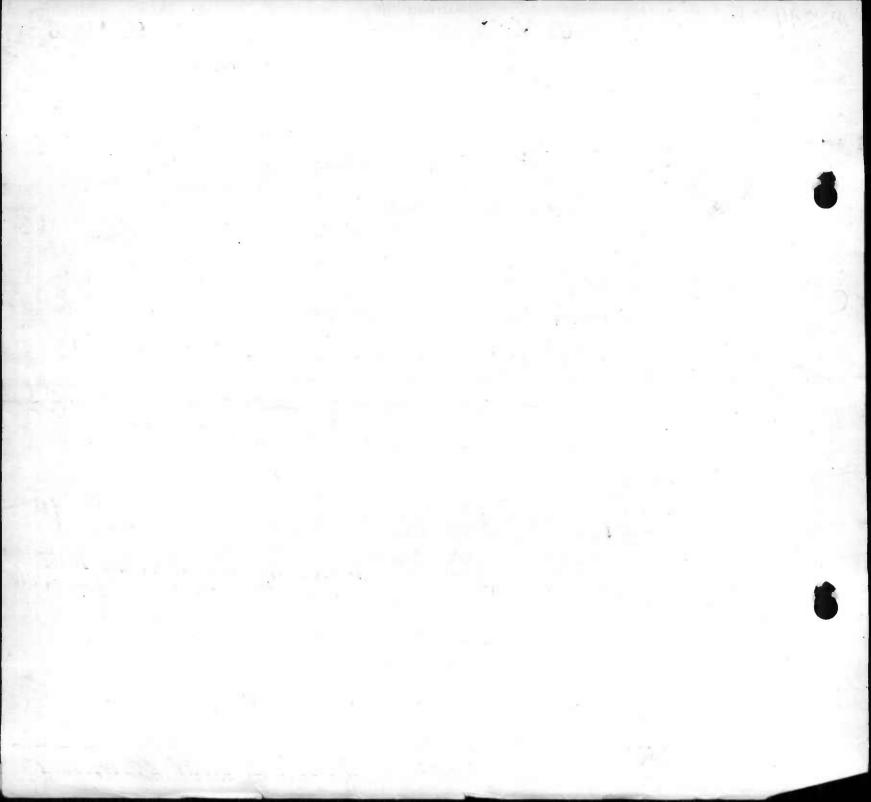
11/26/69 - Tuck overlureel med Exame

pu	sed	the	2ch	
	Ced	uo.	ž Ž	
ospii	2 D	nce	901	
٥	se; (nda	0	
E .	COU	atte.	0	1
bit	ned	lar	ade.	-
0000	erm.	regu	is m	
eath	ndet	, n	tion	
if d	4) C	NO.	posi	
ant	d; (ath	- d	
15Sist	y ki	q	fine	
his	of an	Juce	o pe	
r or	ure	ono		
nine	ract	P.	a ma	
exar xam	A (¥ N	are	
ical	15; (3	cian	ains	
med	burr	hysi	rem	
hief	ody	he p	the	
he c	(2) B	re t	fore	
by t	Jre;	Whe	d be	
oved hos	nat	Cept A (A	aine	
ippro	any	×	o obl	
be o	nt of	pital	ist b	
nust	cide	hos	3 2	
ate r	n ac	ata	LOVO	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or constitutions of Janes	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	A.P.	written approval must be obtained before the remains are embalmed or final disposition is made.	
s cer	WS:	S D.(tten	
F 4	ho	3	2	1

	4-200 69 11		HEALTH DEPARTMENT TE OF DEATH	REG. NO	69 11645
1,1	NAME OF DECEASED	040		ND HOUR OF DEATH	
L	RUTH MARSHALL			1/69	7:15 P M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived. If ins	titution: residence before admission)
FEE	ILL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) STITUTION	NSTITUTION, GIVE STREET	MD. Baltim	ore	DE CITY LIMITS?
1/2	ST AGNES HOSPITAL		BALTIMORE		YES X NO
	BALTO., MD.		E. STREET AND NUMBER	D.D	
5.	SEX 6. RACE 7. ALADI		36 UPMANOR	RD. 21229	
11	FEMALE WHITE WIDO	WED DIVORCED	05 11 04	9. AGE (In years lost birthday) 65	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	LUSUAL OCCUPATION (Give kind of work 108, KIN the during most of working life, even if retired)		11. SIRTHPLA CE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	CREDIT DEPT. Collection	Supervisor	MARYLAND		USA
13.	FATHER'S NAME		4. MOTHER'S MAIDEN NA	ME	
	JESSE HAUGH		RUTH (MARS	HALL)	
15. (Ye:	Woo Doceosed Ever in U. S. Armod Ferces? s,no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	, MD. 212	ADDRESS
	NO	213 10 953	ST AGNES H		
	18. / 5 / , 0 1			2/119 North!	and DEPWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY				1
	IThis does not meen the made of dying,	(A) IMMEDIATE CAUS	CONSEQUENCE OF:	ficardia o	
	hearl foilure, asthenia, etc. It means the dise injury ar camplication which caused death.	ase,	CONSEQUENCE OF:	happens Z Me	tastanis
	ANTECEDENT CAUSES		£ 1.	& lung	2.
	DISEASES OR CONDITIONS, if any, gi	(B)	CONSEQUENCE OF:	ver .	***************************************
	rise to the above cause (A) stoling	the state of the s	CONTEGUENCE OF:		
	UNDERLYING CONDITION last	(c)	***************************************		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIN	NG NAL			
Š	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B IF YES WERE FIL	NDINGS CONSIDERED
ERTIFIC	BUDY 19 68 WAS PERFORMED	& Live bapsy	YES	IN CERTIFYING CAU	SES OF DEATH?
MEDICAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofily medical examine)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, offi etc.)	or obout 21 C. WHERE DID	(If In Boltimore	City, give exact location)
EDI	21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2	(APPROX.)	While At Not While			
	22. I certify that (X) (this hospital) attende		10/29	969 to 11/	21/ 19.69
	that (N) (we) last saw the deceased alive				an deoth accurred an the date
	ond haur and from the causes stated obove	e. (1) (We) (did) (did hoh) / i		interior (and obtin	an adoth accorded the the date
	23A. SIGNATURE		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		23 B, DATE SIGNED
	Tre Shime	Wy Attend	ding Med.	Staff Phys.	
	23C. PHYSICIAM'S NAME (Type)	DEGREE	D. ADDRESS	rilys. ——	
	TSE-SHIUNG WU M.D.		CATON & WILK	ENSAVES. B	ALTO MD.21229
24A		DEGREE C.NAME of CEMETERY OF CREA	ATORY 24D. LC	CATION (City,	town, or county) (State)
Bı		Lorraine Cemete	rv Ral	timore, Mar	·
-	DATE BECKE BY HEALTH CO.	Sey A. O.	25C. FUNERAL DIRECTOR	4	ADDRESS -4600 Liberty Hts.
VS	150-REV. 1/1/68		AT GIACOSE FULL	erar Gnaper	- +000 Liberty Rts.

. it TOTAL TOTAL CONTRACTOR OF THE ANALYSIS

D. INSIDE CITY LIMITS YES XX NO If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12, CITIZEN OF WHAT COUNTRY? Lillie McClellan Walker ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) (our) opinion death occurred on the date 23B. DATE SIGNER pproval prior The Johns Hopkins Hospital Griggs, DEGREE 24A. BURIAL CREMATION. 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased 0 REMOVAL (Specify ä FUNERAL DIRECTOR VS 150-REV. 17176B



K-653

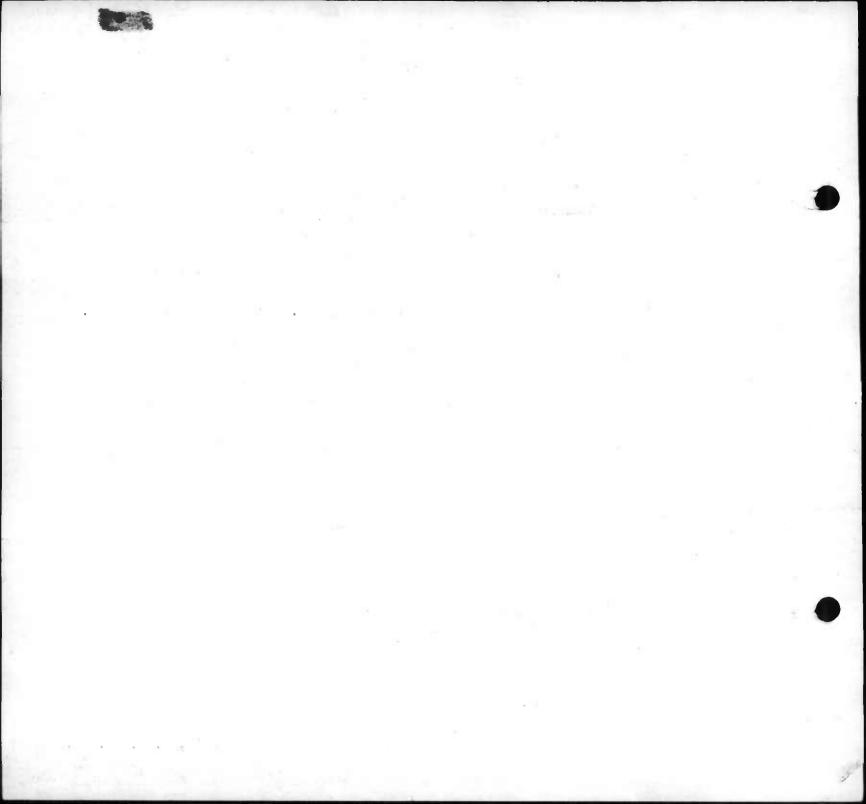
BALTIMORE C	ITY HEA	LTH DEPA	RTMEN
-------------	---------	----------	-------

44017

١.	69	1	1	6	4	1
				_	_	

BIRT	H NO. 69 11647 CERTIFICA	TE OF DEATH	11041
	ame of Deceased or Print) FDUIARD KINCANT	2. DATE AND HOUR OF DEATH	
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: re-	sidence before odmissio
HO	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LET	AITS?
INS	007 S. Wolfe St.	BALTIMORE YES	NO 🗌
4	DO S. WOITE ST.	E. STREET AND NUMBER	
5. S	EX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors II Under Months)	1 Yr. If Under 24 H Doys Hours Min.
	MIDOWED DIVORCED	1-29-1914 53	
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY auring most of working life, even if retired)	11. BIRTHPLACE (State or loreign country) 12. CITIZ	EN OF WHAT COUNT
13.	ATHER'S NAME	14. MOTHER'S MAIDEN NAME	J. H.
5	tonislaus KURANT	Frances Kosmals	Ko
IS. V	Vos Deceased Ever in U. S. Armed Forces? Ino or unknown) (If yes, give wor or dotes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
1	216-07-6128	Frances KURANT	APPROXIMATE INTERVA
	DISEASE OR CONDITION DIRECTLY	В	ETWEEN ONSET AND DEA
	LEADING TO DEATH		11/20/69
	heart failure, ostheria, etc. II means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:	
	ANTECEDENT CAUSES Hyperte	nsive Cardiovascular Disease	9/12/65
	DISEASES OR CONDITIONS, if any, giving DUETO, OR A	S A CONSEQUENCE OF:	
	UNDERLYING CONDITION last. (C)	ema	// ??
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19.A. DATE OF OPERATION 19.B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS	CONSIDERED
RTIF	O None	No IN CERTIFYING CAUSES OF D	EATH?
0	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE DID (If in Boltimore City, give office bldg., INJURY OCCUR?	exact location)
_	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	
	(APPROX.) While At Not Who		
	22. 1 certify that (1) (this haspital) attended the deceased fram		
	and hour and from the causes stated above. (1) (We) (did) (did nat)		h accurred an the o
	23A. SIGNATURE	23 B. DAT	SIGNED
	OEGREE		25,1969
	NAME (Type) Joseph F. Drenge, M.D.	23D. ADDRESS 209 S. Chester St; Baltimore, Mar	yland 21231
24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CI	REMATORY 24D. LOCATION (City, town, o	(Stote
25 A	BUKIAL 11128/69 110LY KOSI	9RY DUNDALK 25C. FUNERAL DIRECTOR	ADDRESS
	NOV 26 1969 366 16 100 100 100 100 100 100 100 100 10	OJOIN GO SHARD & SONS S.	ADDRESS 401 CHESTER
VS	50-REV. 1/1/68	De Salle III Super II Salle Di	MATERIA CONTRACTOR

BALTIMORE CITY HEALTH DEPARTMENT 69 11648 REG. NO. CERTIFICATE OF DEATH and death Deceased Such I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0 2 6 a hospital death. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) attendance A. STATE B. COUNTY cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN FULL NAME OF HOSPITAL OR INSTITUTION D. INSIDE CITY LIMITS canse; 40 prpor View horsinghome BALTIMOTE E. STREET AND NUMBER YES 2 NO prior contributing 13 21915 ST. occurred Marsh etermined 2/6 disposition is made regular 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 7. MARRIED NEVER MARRIED deceased lost birthday Months! Doys Hours WIDOWED A DIVORCED IOA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? death done during most of working life, even if retired) (4) Und Land 0.5.1 Mar Labore Marine WOS 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME the George W. Lamar Bridgett Gallagher death 0 15. Was Deceased Ever in U. S. Armed Forces? kind; 17. INFORMANT ADDRESS 6. SOCIAL or final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance 212-01-3460A 1216 Marshall Joseph Lamar any CAUSE OF DEATH APPROXIMATE INTERVAL 1B. pronounced BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH fracture (This daes not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF mbal heart failure, asthenia, etc. It means the disease, regular injury or complication which coused death.) ANTECEDENT CAUSES 0 are DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the physician UNDERLYING CONDITION lost. the remains Was burns; П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) (2) Body 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 0 WAS PERFORMED before 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exoct location) where hospital ON (9) DEATH (notify medical examiner) MEDIC/ obtained 21 D. TIME 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED OF INJURY Not While (except While At (A PPROX.) Work At Work and to the any 22. I certify that (this haspital) attended the deceased from that (1) (we) last saw the deceased alive an... and that in (my) (our) opinion death occurred on the date be ot hospital eath) ond haur and from the causes stated above. (M (We))(did) (did not) view the bady ofter death. was released must 23A. SIGNATURE 23B, DATE SIGNED Ö Attending [0 approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior 40 NAME Type An D.O.A. shows: (1) 24A. BURIAL CREMATION, 24B. CEMETERY OF CREMATORY 24D. LOCATION deceased DATE (City, town, or county) he body REMOVAL (Specify) written 26 Burial Glen Haven Glen Burnie, A. A. Co. Md. Was 25B. NAME OF REGISTRAR 2SA. DATE REC'D BY HEALTH DEPT. 2SC. FUNERAL DIRECTOR



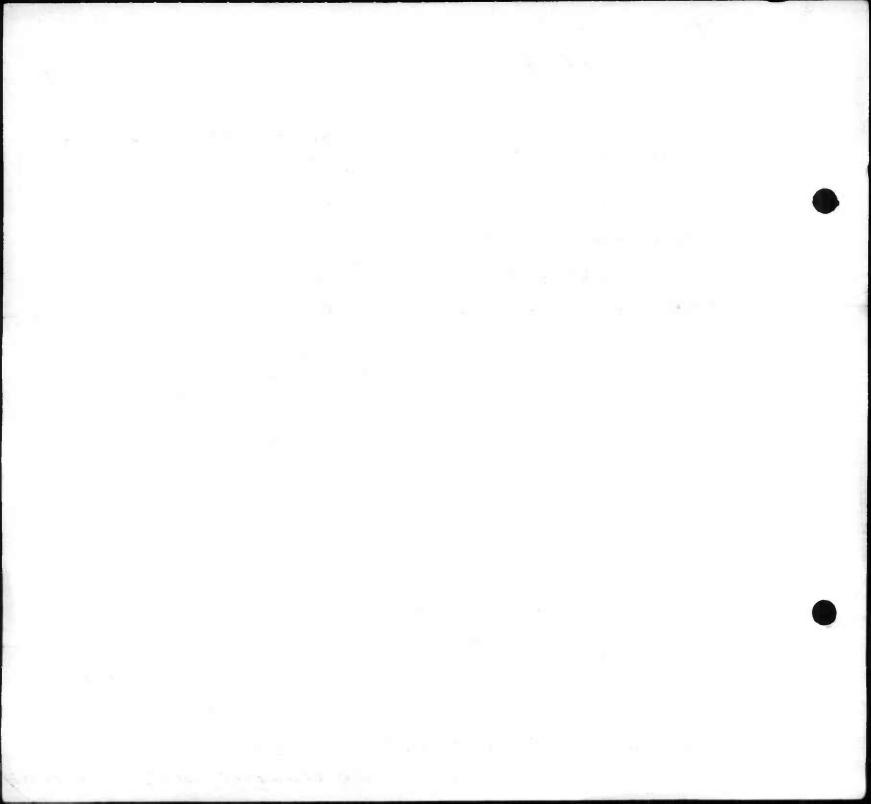
69 11	648
-------	-----

-62 sab	BALTIMORE CIT	Y HEALTH DEPARTMENT GO 44040
70 0 2	BIRTH NO. 69 11649 CERTIFICA	Y HEALTH DEPARTMENT X REG. NO. 69 11649
C + 0 E V	BIRTH NO.	
S	(Type at Pfint) Frances LUCAS	2. DATE AND HOUR OF DEATH
poed the	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission) A. STATE B. COUNTA
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION!	Maryland Baltimore 5.300
0 2 0	Baltimore City Hospitals	BALTO YES DO NO
ting d cau	3 / 4940 Eastern Avenue	E. STREET AND NUMBER
ar ar	Baltimore Maryland 21224	24 Mesa Street 21224
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs. Months; Doys; Hours; Min.
occanontrib ermin regul	Male White WIDOWED DIVORCED	3-19-1905
エッキーウェ	10A. USUAL OCCUPATION (Give kind of wark 10B, KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stale or largin country) 12. CITIZEN OF WHAT COUNTRY?
tio tio	DISPATLHER CAB	West Virginia U.S.A.
Si o Si	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
# 6 (4) # di	Charles	Elizabeth GRINNAN
ind; ind; eath a on	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
ist he de de ce	(Yes, na or unknown) (If yes, give war or doles of service) SECURITY NO.	Records: BCH-4940 Eastern Avenue 21224
ass d d d d	18. 2 4 0 9 1 CAUSE OF DEA	
his a to, if any need endo	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
_ <u>~</u> 0 = + 0	LEADING TO DEATH	use acute renal failure 5 days
A o o o o o o o o o o o o o o o o o o o		A CONSEQUENCE OF:
Pr or pr	injury or complication which caused deoth.)	0
E L 0 50 0	ANTECEDENT CAUSES	istes mellitue
X B 4 \$ F E	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:
ale (3) an ns a	rise to the obove cause (A) stoting the UNDERLYING CONDITION lost. (C) Chrou	nic congestive heart tail
medical edical burns; hysicic n was remair	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
mec dy bu phy cian he re	TO THE DEATH BUT NOT RELATED TO THE TERMINAL SUISEASE OR CONDITION GIVEN IN PART 1 (A).	
Chi Boo Boo th th ysi	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION 179B. CONDITION FOR WHICH OPERATION WAS PERFORMED 211A. ACCIDENT WAS UNDERLYING 11 121B. PLACE OF INJURY (ACC.)	YES 20A-AUTOPSY? (Yes or No.) 20A-JIF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES
the all by; (2) rere	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., lorm, foctory, street, of DEATH (notify medical examiner)	in or about 21C. WHERE DID (If in Baltimare City, give exact location)
d N N S	Q 21D. TIME (Month) (Doy) (Year (Hour) 21E, IN ILLEY OCCUPRED	21F. HOW DID INJURY OCCUR?
hosp hosp atu (6) inec		le 🗀
y n y	Work LJ At Work	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
app. fan, fan, l (e) ge ob	22. I certify that (I) (this hospital) attended the deceosed from	19 0 10 1 2 3 6 7 19 6
b ta cta	that (1) (we) lost saw the deceased alive on 1123	19ond that in (my) (our) opinion death occurred on the date
assed to dent of dent of ospital death)	and hour and from the causes stated above (i) (We) (did) (did not)	
		ending Med. Stoff Stoff
a h	Physical Phy	rs. Director L Phys. L 11/23/67
y was r y was r 1) An a 3.A. at d d prior	23C. PHYSICIAN'S NAME (Type) Lynne I. Neefe	230. ADDRESS 1940. Eastern, Avenue, Baltimore, Md. 21224 2/6 Balto. City HOSPS., Dallo., Md.
# ×80 2 4	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. OCATION (City, town, or county) (State)
		CEM. GRAFTON W.VA
This the k show was dece	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
をおからはは	MAN NO 1202 - Socra C' James L' A	DE GONNELLY SONG ROOMACE

VS 150-REV. 1/1/68

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
--

1	7-000 03 1165U CEDITIEIC	Y HEALTH DEPARTMENT X REG. No. 69 11650
1, N	TH NO. AME OF DECEASED Ye or Print)	2. DATE AND HOUR OF DEATH
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
FUL	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET INTUTION ADDRESS OR LOCATION)	Md. BALTE, 5300
3	7 MERCY HOPP.	E. STREET AND NUMBER
5. SI	EX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years 1) Under 1 Y6. If Under 24 Hrs.
	WIDOWED DIVORCED	12.7.10 loss birthdoy Months Doys Hours Min.
10A. done	USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	11. 81RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13 E	SALES MAKE C/L	Penna USA.
	Humphrey Man	Lucinda Lange
	Vas Deceased Ever in U.A.S. Armed Farces? no of unknown) (II yes, give war ar dotes of service) 16. SQCIAL SECURITY NO. 2/6-(8-70)	Megan Hosp. Landon Shart
ľ	18. CAUSE OF DEAT	de ma succe.
	LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE CAL	USE Burnonary Croest Wistent
	injury or camplicalian which caused death.)	caracte arrest.
	DISEASES OR CONDITIONS, if any, giving (B) Solice (B) Figure (B	Consolience of Clare
1	rise to the above cause (A) stating the UNDERLYING CONDITION last.	rectur, adenoi post Miles water
EII	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
RTE	10 30 69 10 30 69 10 30 69	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
4 6	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in hame, farm, loctory, street, of etc.)	n or about 24 C. WHERE DID (If in Bollimore City, give exect location) lice bldg., INJURY OCCUR?
1 2 10	PID-TIME (Month) (Doy) (Yeor) (Haud) 21 E INJURY OCCURRED While At Not While	21F. HOW DID INJURY OCCUR?
	Wark LJ At Work	
	P2. I certify that (1) (this hespital) attended the deceased from that (1) (we) last saw the deceased alive on 11/22/63	19 to 19 19 19 19 19 19 19 19 19 19 19 19 19
1 1	and haur and fram the causes stated above (1) (We) (did) (did not) v	the date
2:	3A SIGNATURE	23 R. D. ATE SIGNED
	DEGREE Phys	
	NAME (Type)	23D. ADDRESS
24A.	BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)
	BURIAL 1/25/69 MT. OLIVET	
25A.	DV 26 1969 Deel E Name of REGISTRAR	25G FUNERAL DIRECTOR ADDRESS J.G. GERNALLI SONS 300 MG-1CE
V\$ 15	50-REV. 1/1/68	



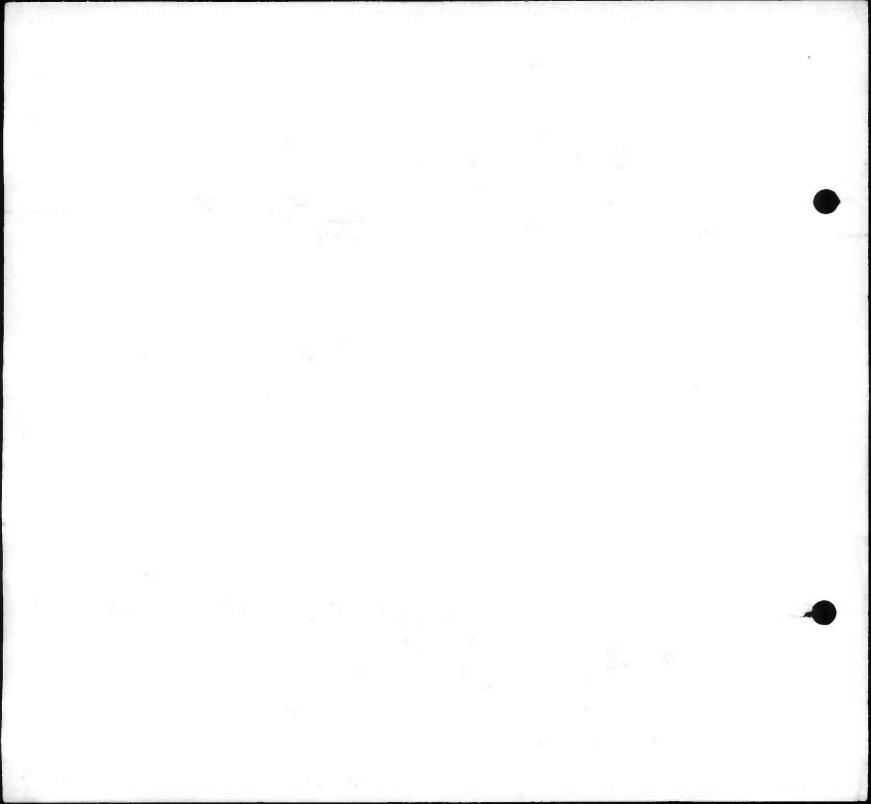
5-165		BALTIMORE CITY HEALT							
BIRTH NC.	MEDICAL E	XAMINER'S CE	RTIFIC	CATE	OF	DEAT	H REG. NO.	69	11651
1. NAME OF DECEASED	3	2.	DATE	Known	X	Month	Doy	Year	Hour

BI	RTH NC.				KEG. 140			
	NAME OF DECEASED Pe or Print) Richard Saverino	2. DATE OF	Known 🖾	Month	Doy	Year	Hour	
4	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH 3. DATE	Estimorea (C)	11	D	V	Haus	М.
		PRONOUN	ICED DEAD	Month	Doy	Yeor	Hour	
	IL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL ADDRESS OR LOCATION)	1 KONODIA	CED DEAD	11	23	69	12:55	a _M .
OR	INSTITUTION	5. USUAL RES	DENCE (Where	deceased liv	ed. It Institution:	residence b	efore odmissi	on)
	1000 II Posts Gt	A. STATE			B. COUNTY	11	111	
_	0 1922 W. Pratt St.		aryland		-11	d 5	7/	
6.	SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TO	OWN		D. INSIDE CIT	Y LIMITS?	' /	
m	ale white WIDOWED DIVORCED D	В	altimore		YE	s I	No 🗆	
9.	DATE OF BIRTH 10. AGE (In years If Under 1 Yr. if Under 24 Hrs.	E. STREET AN	D NUMBER					
1	lost birthdoy) Months Days Hours Min.	1.	/10 Eldon	no Dd				
70	NC PO - 177 V ZY		419 Eldor	ie ku.				
11.	BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT GOUNTRY?	13. FATHER'S	NAME		,			
	MD	J632A	I C. DA	7VERI	VO			
144	.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S	MAIDEN NAM	E				
don	eduring most of working life, even if retired)	111.11	MM	1	11			
1	HEIPER DIVERS DAKERY	HUCE	///.///	HKIM	//			
16.	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMA	NT		AD	DRESS	1	
110	s, no grunknown) (II yes, give wor or doles of service) SECURITY NO.	Tocosil	12 SAVIER	ada 1	delin E	177.1	8-	
-	19. CAUSE OF DEAL	NUSCON	CJAILK	IND !	1919 -	-VEN7	ROXIMATE INTI	EDWAL
	19. 204,91 CAUSE OF DEA	IH (EEN ONSET AN	
	DISEASE OR CONDITION DIRECTLY							
	LEADING TO DEATH		Managhia		. 4. 5			
	(A)IMMEDIATE C		Narcotio	addic	ction			
	heart follure, osthenio, etc. It means the disease,	S A CONSEQUE	NCE OF:					
	injury or complication which coused dooth.)							
	ANTECEDENT CAUSES (B)	15 4 50 1155011	5,105.05					
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQU	ENCE OF:					
_	UNDERLYING CONDITION LAST.							
6	(C)							
Ě	II and the second secon				VI I I			
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
Ē.	DISEASE OR CONDITION GIVEN IN PART 1 (A).							
CERTIFICATION	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED)			21. AUTO	SY? (Yes or	No)
12	2						311 (,
					10 m	yes	3	
5	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or obout 22C	. WHERE DID (f in Baltimore	City, give exoc	t location)		
MEDICAL	UNDERLYING OR CONTRIB-	bldg., etc.) INJ	UKY OCCUR?					
7	UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E INJURY OCCURRED	225		Hey occi	200			
_	OF INITIRY		HOW DID INJ	UKI OCCU	Kr			
	(APPROX.) WHILE AT WORK AT W	WHILE ORK						
	23.							
	I certify that I held an Inquiry I Inspection Aus	opsy V	and that an thi	is basis.	death in my	ninlan		
					-	3		
	resulted from: Natural causes X Aceident Suicid	e L Hami	icide 🔲 U	Indetermin	ed manner L	J		
	100 1 00	CH	IEF MEDICAL EX	AMINER				
	ACTUAL MELLEN .	ASSISTA	ANT MEDICAL EX	AMINER			DATE SIGNI	ED
	SIGNATUREM.D	•			=			
	EXAMINER'S NAME (Type) Werner U. Spitz, M.D.	ASSOCI	ATE MEDICAL EX	AMINER	J .		11/0/00	
-			hief Med:				11/23/69	
24 PF	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY.	or CREMATORY	24D. L	OCATION	(City, town,	or county)	(Stote)
12			11	. 1	12		MA	
1	WAIR-		Ho	WART.	CO.	- 1	1112	
25	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUI	NERAL DIRECTO	R	AD	DRESS		
	MOV 26 1969 12 C. & E. Jaben, M.D.	tone	no Parent		111 0	7	1.16 /	S
	MAA Sa isas	IVELE	4 KAVANI	ALCO to	VHERE G	4 KUSC	11/12/1	1.
٧S	151-REV. 1/1/68	0	100					

The Secretary of the Se 1.52 on U. 18

This certificate must be approved by the chief medical examiner ar his assistant if death occurred in a haspital and the body was released to the haspital by a medical examiner. Also, if the direct or contributing cause af death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pranaunced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance an the deceased prior ta death. Such written approval must be obtained befare the remains are embalmed ar final dispasition is made.

BII	5-352 69 116	52 BALTIMORE CITY CERTIFICA	HEALTH DEPARTMENT TE OF DEATH	REG. NO	69 11652
1,1	NAME OF DECEASED	61 11		D HOUR OF DEATH	
L	W1111am J,	Stancill	Nov 2		18:05 AM.
	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	A. STATE & COUN	11 1	itution; residence before admission
FL	ILL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Marylan	0/1/1/23	co. 5300
IN	Union Memorial		Baltimore	E CITY LIMITS? YES NO \(\bigcap \)	
	44 Baltimore	,	E. STREET AND NUMBER		
_		14/0 x1218	2906 Mar	ins Ave	
	/ WIDON	WED DIVORCED	2-2-14	5.5 35	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10/	LUSUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLA CE (Stote or forei	on country!	12. CITIZEN OF WHAT COUNTRY?
1	Merchandiser 4	Phisky	North Caro	lina	USA
13.	FATHER'S NAME)	14. MOTHER'S MAIDEN NAM	AE .	
	Walter Stancili		Annie	MCNeill	<i>(</i>
15. (Ye	Wos Deceosed Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or doles of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO	215-03-7988	wife	Same a	s above
Г	18. / 53, 8 1	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cerel	ral metas	stases	3 WKS
	(This does not mean the mode of dying.	(A) IMMEDIATE CAUS			**********
	hearl failure, asthenio, etc. It means the dise injury ar camplication which caused death.)	ase,		,	6 mos
	ANTECEDENT CAUSES Carcinoma of Colon				
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
	nise to the above cause (A) stating UNDERLYING CONDITION last,	(c)			
	11	(0)		***************************************	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG			
CAI	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION F	***************************************	[20A. AUTOPSY? (Yes or No)	COP III HEAD	
E	WAS PERFORMED	OK WHICH OPERATION	NO	IN CERTIFYING CAUS	SES OF DEATH?
	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., in home, form, foctory, street, offi	or obout 21C. WHERE DID	(If In Boltimore	City, give exoct location)
CA	DEATH (notify medical examiner)	etc.)			
MEDICAL	21D-TIME (Month) (Doy) (Year (Hour) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	(APPROX.)	While At Not While At Work			
	22. I certify that (#) (this haspital) attended	ed the deceased from	7 - 41	9.69 to 11	-23 1969
	that (1) (we) last saw the deceased alive			t in (my) (eur) opinio	an death accurred on the date
	and haur and fram the causes stated above	e. (1) (Ve) (did) (did not) vi	ew the bady after death.		
	CHIEL Y. OSSMAN	MD GEGREE Phys.	ding Med. S	itaff 2	11-23-69
	23C. PHYSICIAN'S MAME (Typet	J DEGREE 23	D. ADDRESS	2 10, 12	11 41
	Alfred G. Ossn	Tan Jr M.D. GEGREE	110/30	and It 130	eldmer 2 Md.
244	BURIAL CREMATION, 248, DATE 240		MATORY 24D. LO	CATION) (Gity,	lown, or county) (Stotet
25	DURIAL - 11-06-69		eme eay	DALling	IORI Md
25	UN 26 1969 1969 E. Fall	AE OF MGISTRAR	CBARLS 3	EVAN You	8802 Hartan Rx
Vs	150-PEV 1/1/68		100		



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
--

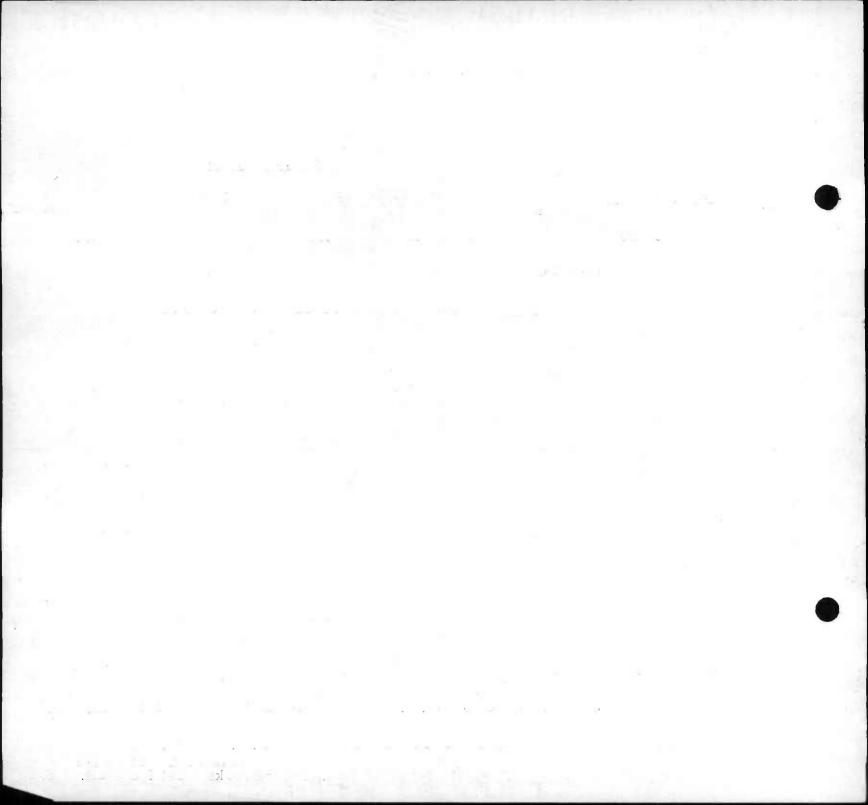
1	K-200	69 1	1653		HEALTH DEPARTMENT	V	69 11653	
В	RTH NO.			CERTIFICA	TE OF DEATH	REG. NO.	00 11000	
1.	NAME OF DECE	ASED MA	ric		2. DATE A	AND HOUR OF DEATH		
-110	ype or Print)	HAZEL, K	EECH		1 . 1	EMBER 2	21,1969 7:15 1	
		MORE MARYLAND, W	HERE PRONO	JNCED DEAD	A. STATE 8. COU	nere deceased lived. Il in INTY	stitution: residence before admiss	
	ULL NAME OF OSPITAL OR ISTITUTION \	ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	WD	Allegan		
- "	ASTITUTION V	DOWNS HOPI	KINS II	CAPITAL.	C. CITY OR TOWN	D. INSI	IDE CITY LIMITS?	
	22		11140	03(1(1)	CUMBERLA E. STREET AND NUMBER	107	YES NO NO	
	55				919 KE	NT AVE		
	F	S. RACE	WIDOWED		3-5-08	9. AGE (In years lost birthdoy)	il Under 1 Yr. Il Under 24 I Months Days Hours Min	
10	A. USUAL OCCUI	ATION (Give kind of work orking life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. SIRTHPLACE (Stote or lo	reign country)	12. CITIZEN OF WHAT COUN	
	Saleslady		Womens	Apparel	Cumberland,		USA	
1113	FATHER'S NAM				14. MOTHER'S MAIDEN NA	AME		
	JOHN HE	NRY OWENS			DELIA CAMP	BELL		
15	Was Deceased E	ver in U. S. Armed Ford If yes, give wor ar dote:	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS Balto.	
	No,	,, g. to mor ur uote:	- 0. 3017168/	211 05 739	Mr Thomas O	Kooch &171	Pleasant Plains	
1	18.	1 1		CAUSE OF DEATH	THE THOMAS OF		APPROXIMATE INTERVA	
	184	OR CONDITION DIR	ECTIV	ONOUE OF DEATH	•		BETWEEN ONSET AND DE	
		EADING TO DEATH			- CARNOPIN	AMMINDY A	RREST 5 min	
	This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) (A) IMMEDIATE CAUSE CARDO PULMO VARY ARREST 5 min DUE TO, OR AS A CONSEQUENCE OF:							
	(B) tagets carationa of volva							
	rise to the abave cause (A) stating the							
	UNDERLYING CONDITION last. (C)							
,,								
ATION	OTHER SIGNIFIC	ANT CONDITIONS CONBUT NOT RELATED TO TH	NTRIBUTING					
A	DISEASE OR CO	NDITION GIVEN IN PART	I (A).	(ULC) OPEN TO	120.4	1 000		
ERTIFIC	DATE OF C	PERATION 198 CONI	ORMED	THICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
CER	21A. ACCIDENT	WAS IINDERIVING	210	DI ACE OF INTURY!- '-	1e5			
CAL	OR CONTRIBUTING CAUSE OF home, form, foctory, street, affice bldg. NJURY OCCUR?						City, give exoct locotion)	
MEDI	OF INJURY	Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?		
2	(APPROX.)		Whil	e At Work				
	22. 1 cardify at	nge (1) (this basetant)			200	10 40 M	1000 hat 21 60	
				e deceased fram S	10	19 69 to No		
		st saw the decease		November 7			nian death occurred on the d	
and have and from the causes stated bave. (1) (We did (did not) view the body ofter death.							V0.10370-00-00	
23A, SIGNATURE 23B, DATE SIGNED						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
		Comme 1)	record	Degree Phys.	ding Med.	Staff Phys.	11/21/69	
	23C. PHYSICIAN NAME (Typ	ADAM J.	FIEDL	ER MD	3D. ADDRESS JOHNS	HOPKINS H	1	
24	A. BURIAL CREM.	ATION, 248. DATE	24C. NA	ME OF CEMETERY OF CREE	MATORY 24D. I	LOCATION (Cit	y, fown, or county) (Stote)	
	Burial	11/25/69					1 0 1	
25		V IIFALTH BEAR		Marys' Buria	,	mberland, Cur	nberland, Maryla	
1	10V 26 19	CO 15 / // 64 35 1	Jaber,		H. Wayne Geo		ne St. Cumberland	
'VS	150-REV. 1/1/68						10	

7 1 23

Ar grant

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

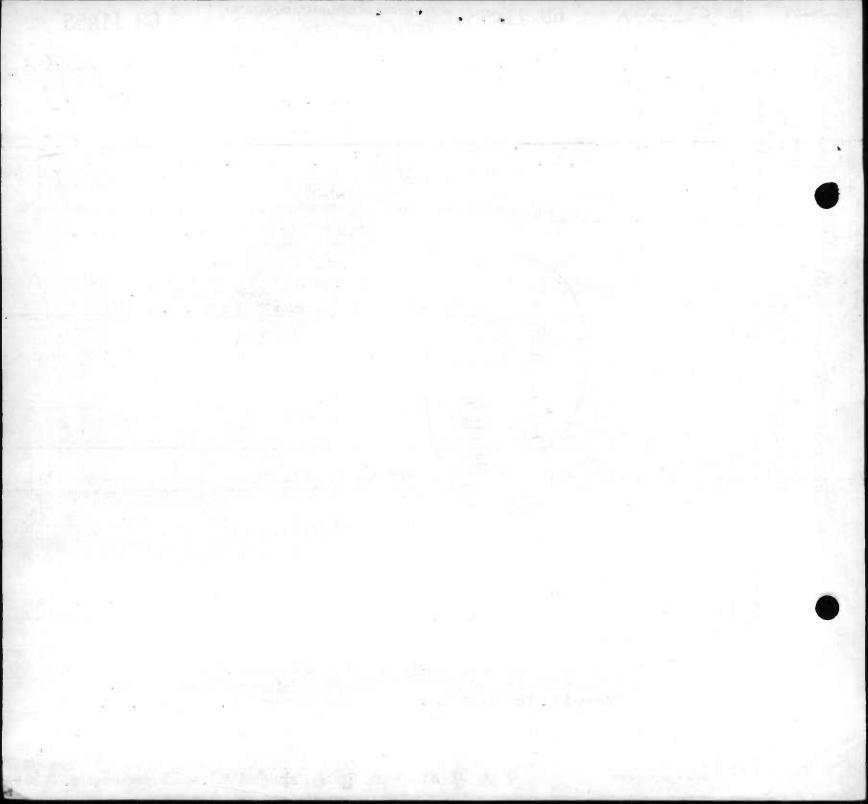
1	Y	11/5	7) 69	11654	BALTIMORE CITY	HEALTH DEPARTME	NT	CO 44054
	//	1-60	0	TT00 1	CERTIFICA	TE OF DEAT	TH REG. NO	69 11654
- 114		H NO.	FASED				TE AND HOUR OF DEAT	Н
		e or Print)	CATHE	TOTME	D MODAN	2. 5	11/22/60	3 A
╟	3. PI	LACE IN BAL	TIMORE, MARYLAND, W		R. MORAN		Where deceased lived. If	institution: residence before admission)
							COUNTY	0110
	HOS	L NAME OF	ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Md c. CITY OR TOWN	In 18	ISIDE CITY LIMITS?
1	IN ST	TITUTION					U. IN	YES W NO
Ш		00	1313 Her	kimer s	st	Baltimore,	BER	113 🔀
Ш	(00				1313 Han	kimer St	
I	5. SE	EX	6. RACE	7. MADDIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	E.	emale	Cau	WIDOWED		12/20/10	lost birthdoy) 58	Months Doys Hours Min.
					BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
			working lite, even if retired)					
		Housew		O	wn Home	Marylar	nd	USA
	13. F	ATHER'S NAT	W.E.			14. MOTHER'S MAIDE	N NAME	
			Unknown				Unknown	
			Ever in U. S. Armed For		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1		No				Lawrence N	Ioran Same a	s 'E'
		18.	101		CAUSE OF DEAT		lozan panie a	APPROXIMATE INTERVAL
		DISEAS	E OR CONDITION DI	RECTLY	Const	Pavris of	P Suren	BETWEEN ONSET AND DEATH
			LEADING TO DEATH		(A)IMMEDIATE CAL	/1	acce	Lyean
			ot meon the mode of osthenio, etc. It meons		DUF TO, OR AS	A CONSEQUENCE OF		0
H			plication which coused		(10	A	Λ	
		4	ANTECEDENT CAUSES		(8) Eter	mules	u, cluer	ic Syeans
			OR CONDITIONS, if		,	A CONSEQUENCE OF:		
			e obove cause (A) 3 CONDITION last.	stoting the	(c)			
	1		II II		(-/			
Ш			CANT CONDITIONS CO					
	=		TH BUT NOT RELATED TO T ONDITION GIVEN IN PAR		+			
	문	19A. DATE OF	OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 20B. IF YES, WER	E FINDINGS CONSIDERED
	CERTIFIC	0						
		OR CONTRIBL	NT WAS UNDERLYING	218 hon	PLACE OF INJURY (e.g., ine, form, factory, street, o	n or obout 21C, WHERE ffice bldg., INJURY OCC	DID (If in Boltin	nore City, give exact location)
1	2		medical examiner)					
		OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED		ID INJURY OCCUR?	
	>	(APPROX.)		Wo	nile At			
		22. I certify	that (1) (this haspital	l) attended t	he deceased fram	12/6	19 49 ta	11/23 1969.
ı	1		last saw the decease		. ~ / ~ .	1 1969		pinian death accurred on the date
and have and from the causes stated abave. (1) (We) (dtd) (did nat) view the bady after death.								
	23A. SIGNATURE 23B. DATE SIGNED 23B. DATE SIGNED 11/24/60						23 B. DATE SIGNED	
-11	-	23C. PHYSICIA	N's		OEGREE PRY	23D. ADDRESS	— rnys. —	11/24/00
		23C. PHYSICIA		TT1 1	L T 7/1 D	1007 337- 1		D-11' 251
	244	DUDIAL CRE			k Jr M. D. DEGREE			Baltimore, Md.
	24A.	REMOVAL		24C. N	AME of CEMETERY or CR	ENVAIURI	24D. LOCATION	(City, town, or county) (Stote)
		Burial	11/26		en Haven Men		A. A. County	, Md
	25A.	DATE REC'D	1969 PEALTH DEPT. BE	25 NAME	OF-REGISTRAR		ECTOR 62 12 Balt	
	11	IN LOA	MAA AMARA			Wm. Cool	k-Brooks Wes	st Inc Balt. Md. 28
	VS I	150-REV. 1/1/	68	5				



ck

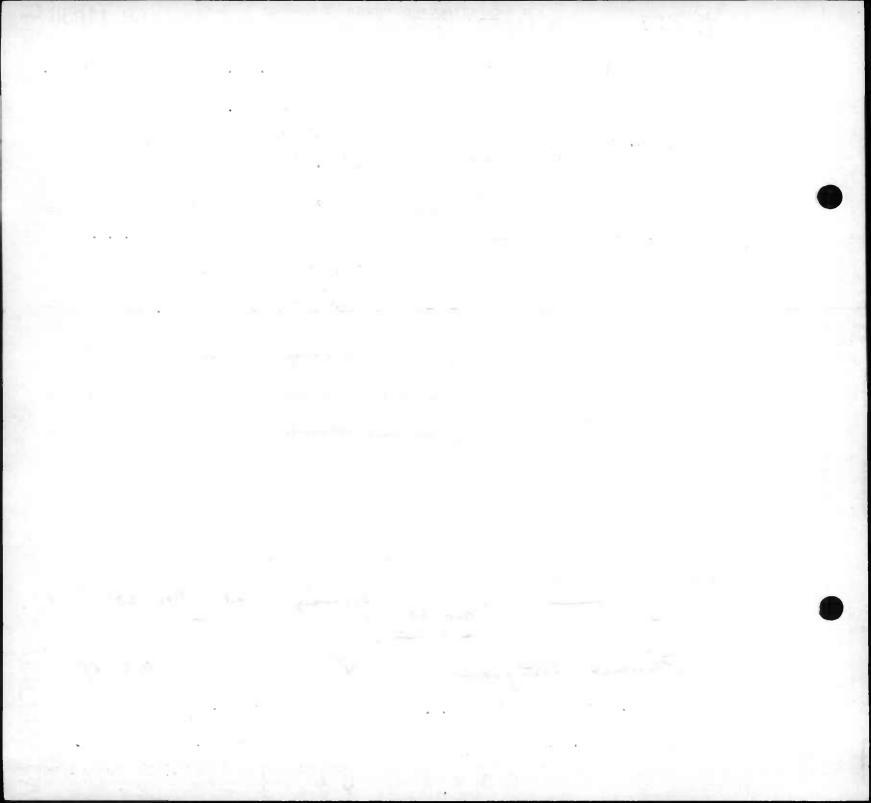
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
-----------------------------	--

S - 320 69 11655 · BALTINORE CITY	TE OF DEATH X REG. NO. 69 11655
BIRTH NO. CERTIFICA	TE OF DEATH
Type of Print	2. DATE AND HOUR OF DEATH
Julius V. Schwitz	November 24 1969 12:15 Am.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	A. STATE B. COUNTY Virginia
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Baltimore City Hospitals	Alexandria YES NO
3 4940 Eastern Ave.	E. STREET AND NUMBER
Baltimore, Md. 21224 S. SEX 6. RACE 7. MADDIED NIEVED MADDIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
MARKIED NEVER MARKIED	9-1-83 lost birthdoy Months Doys Hours Min.
MALE WINTE WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	
done during most of working life, even if retired)	
13. FATHER'S NAME	Alexandria, Virginia U.S.A.
Samuel Schwitz	Anna
15. Wos Deceosed Ever in U. S. Armed Forces? Yes, no or unknown (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT 4940 Eastern Ave.
578-03-5997	BCH Records: Baltimore, Md. 21224
18.4.12.4 THE CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLES	
A ANIMMEDIATE CAL	USE Cerebrovascular Accident 14 days A CONSEQUENCE OF:
heart foilure, asthenio, etd. It means the disease,	A CONSEQUENCE OF:
ANTECEDENT CAUSES	
(B) A (T)	OSCIERATIC CARDIONASCHLAR DISEASE YEARS
rise to the above couse (A) stoling the	TA CONSEQUENCE OF.
UNDERLYING CONDITION 105) 2 (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH DEATH OF THE TERMINAL TO THE ACTUAL TO THE TERMINAL TO	re Right Hip 3 months
	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	VES IN CERESING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	in or about 21 C. WHERE DID (If in Boltimore City, give exact lacation)
DEATH (notify medical examiner)	office bldg., INJURY OCCUR?
Q 21D, TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) 9-4-69 1150 While At Work At Work	le & fell water Soung to Berthean
22. I certify that (Nathis haspital) attended the deceased fram.	
that (1) (we) last saw the deceased alive an November 2	3, 19 6 9 and that In (mx) (our) aplnian death accurred an the date
and haur and fram the causes stated above. (1) (We) (did) (did not).	view the bady after death.
23A. SIGNATURE	23 B. DATE SIGNED
Michael M. McConnell M. D. DEGREE Phy	ending Med. Staff NOVEMBER 24, 1969
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS Baltimore City Hospitals
Michael M. McConnell M.D.	4940 Eastern Ave. Baltimore, Md. 21224
24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CR	
	rial Park Falls Church, Virginia
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME QF. REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS
NOV 26 1969 3 Bert & Jaybey M. D.	Robert C. Altenburg Funeral Home, Inc
VS 150-REV. 1/1/6B	90% Harford RdBaltimore, Md. 21214



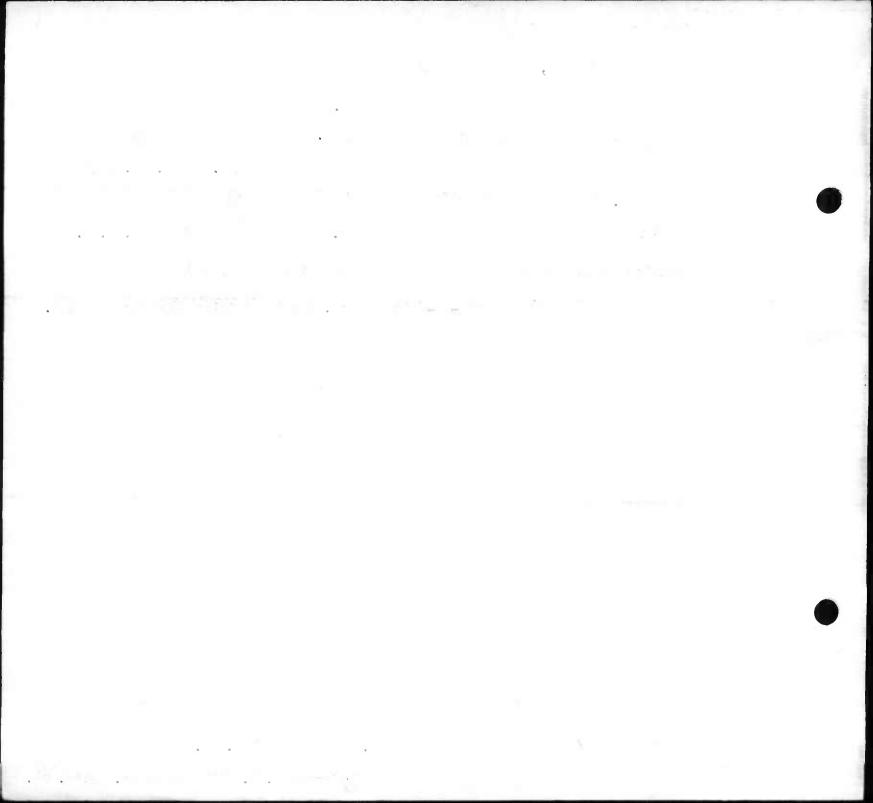
1	D - BALTIMORE CIT	TY HEALTH DEPARTMENT	69 11656
	69 11656 CERTIFICA	ATE OF DEATH REG. NO.	11000
1.	NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
	Nellie Brook Rudacille	Nov. 23. 1969	5: P. M
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution A. STATE 8. COUNTY	on: residence before admission)
H	ILL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland , 2/1 S. Highland, c. CITY OR TOWN	
1	At home 241 S. Highland Avenue	Baltimore YES	X NO .
1	Baltimore, Maryland 21224	211 S. Highland Avenue	2610
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	~	Inder 1 Yr. If Under 24 Hrs.
	MARKIED I WEVER MARKIED	lost birthddy) Mon	ths Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST	Y 11. BIRTHPLACE (Stote or foreign country) 12.	CITIZEN OF WHAT COUNTRY
de	Housewife at home	Virginia	U.S.A.
13	Housewife at nome	14. MOTHER'S MAIDEN NAME	O + LJ + A +
	John	Julia (nee Willis)	
1.5	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
Y	s, no or unknown) (If yes, give wor or dotes of service) No SECURITY NO. 217-05-6161	Henrietta Henrietta Rudacille 241 S. H	21224
_	18. / / A CAUSE OF DEA		APPROXIMATE INTERVAL
	DISEASE OF CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
	LEADING TO DEATH	AUSE Coro nany Occlusioni S A CONSEQUENCE OF	1 hour
	fiedir foliole, distretita, etc. ii filedira ille disedae,	S A CONSEQUENCE OF	
	injury or complication which caused death,)	V. Sizense	unknown
	ANTECEDENT CAUSES (8)	AS A CONSEQUENCE OF:	
	rise to the obove couse (A) stoling the	is - Ademis	Unknown
	UNDERLYING CONDITION lost. (C)	74	
N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
CICIA		20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDIN IN CERTIFYING CAUSES	NGS CONSIDERED
	0		
4	OR CONTRIBUTING CAUSE OF home, form, foctory, street,	, in or obout 21 C. WHERE DID (If in Boltimore City, office bldg., INJURY OCCUR?	give exoct location)
ι		215 11014 212 11212	
AAED	OF INJURY	21F. HOW DID INJURY OCCUR?	
	(A PPROX.)	rk 🚨	
	22. I certify that (I) (this hospital) attended the deceased fram	I chmany 1963 10 nov.	- /
	that (1) (we) last saw the deceased alive an Nov- 23	1969 and that in (my) (see apinion	death accurred on the dat
	and haur and from the causes stated above. (1) (We) (did) (did-not)		
	23A. SIGNATURE		DATE SIGNED
	OEGREE P	Hending Med. Director Phys. 123D. ADDRESS	120107
	23C. PHYSICIAN'S NAME (Type)		
2	Dr. Philbert Artigiani M.D. OECR A. BURIAL CREMATION, 1248. DATE 24C, NAME of CEMETERY of C		vn, or county) (State)
4	REMOVAL (Specify)		
21	Burial Nov. 26,69 Parkwood Cemete: A. DATE REC'D 8Y HEALTH DEPT. 259 NAME OF REGISTRAR	Taylor Ave. Baltin	more, Md.
1	V 26 1969 (Sept E Versey 14)	Schimunek Funeral Home, 3331	
1	150-REV, 1/1/68	0 0 0 4	

69 11656



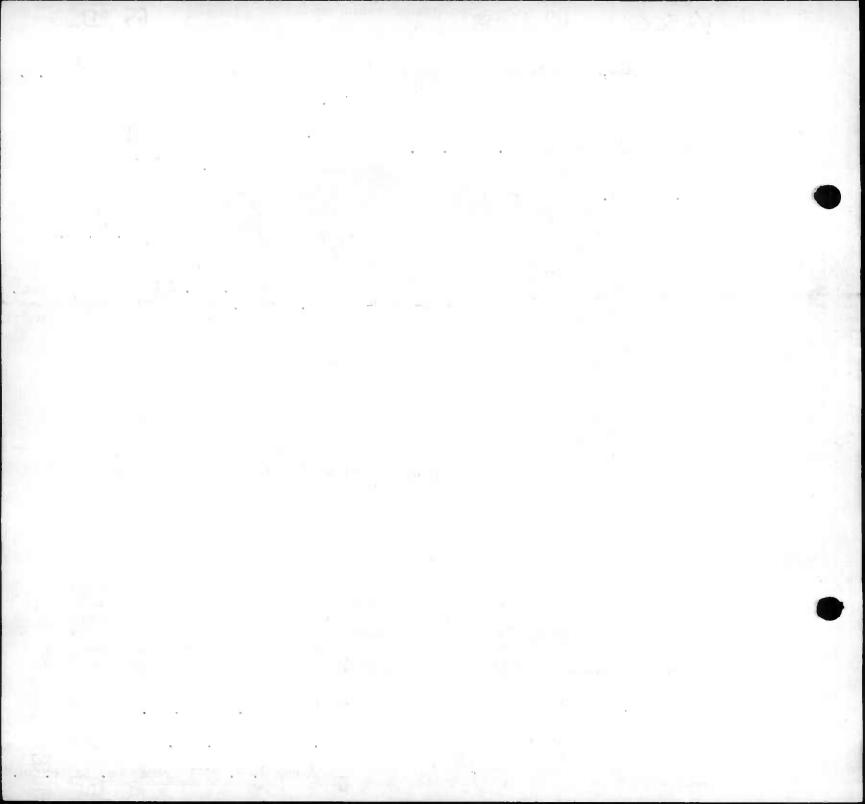
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	5-23	36 69	1165	BALTIMORE CITY CERTIFICA	TE OF DEATH	REG. NO	69 11657	
- 11	BIRTH NO. 1. NAME OF DEC (Type or Print)	CHUSTER	_	_	Rose 2. DATE A	NO HOUR OF DEATH	ey 10 pm	
	3. PLACE IN BAL	TIMORE MARYLAND, W			4. USUAL RESIDENCE (Who	ere deceased lived, If ins	titution: residence before admission)	
	FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Md.		8 3/	
		RCY H	mcP1	MC	Balto.	D. 11431	YES A NO	
7	1110	KC9 //			e. STREET AND NUMBER 2858 Kentuck	y Ave. Balto	. Md. 21213	
	5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs. Months; Doys Haurs; Min.	
	F	W.	WIDOWED		7/15/03	last birthdoy)	Min.	
	done during mast of the Housewi	working life, even if retired]	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
	13. FATHER'S NA	ME	1		14. MOTHER'S MAIDEN NA	ME		
1	Fredr	ick Schwartha	upt		Catherine N	lee Bohager		
	5. Was Deceased (Yes, no or unknown)	Ever in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	No			212-46-5832	Mrs. Margie	Aumiller 285	8 Kentucky Ave.	
	18. 2 3	8,1423	0.9	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
\parallel		E OR CONDITION DIS LEADING TO DEATH	RECTLY /		Carolingal	honey Supre		
Ш	(This does n	(This does not mean the made of dying, e.g., (A) IMMEDIATE CAUSE				nevery-orgin	1//23/67	
	injury or cam	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused deoth.)					,	
	ANTECEDENT CAUSES (B)			ANIOTOM	2	11/23/07		
		DISEASES OR CONDITIONS, if ony, giving rise to the above cause (Al stoling the						
H		CONDITION last	Stoting the	(c) BRA	IN TUMO	R.		
	TO THE DEAT	 CANT CONDITIONS COI H BUT NOT RELATED TO TH	E TERMINAL	01865	TES-OBE	5174 - Pm	cm	
	DISEASE OR CO		DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES. WERE F	NDINGS CONSIDERED	
	19A. DATE OF	3/6 9 WAS PERF	Bra	in humor	NO	IN CERTIFYING CAU	SES OF DEATH?	
	OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medical exominer	21 B. hom elc.)	B. form, foctory, street, off	or obout 21C. WHERE DID	(If In Boltimore	City, give exact location)	
	21D. TIME	(Month) (Day) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
	(APPROX)		Whi	Nal While				
	22. I certify	22. I certify that (I) (this haspital) attended the deceased from 1/22/69 19 0 to 1/23 19 0						
	that (I) (we)	that (I) (we) last saw the deceased alive on 1/22 19 6 and that in (my) (aur) apinion death accurred an the date						
		and have and from the causes stated above. (1) (We) (did) (did nat) view the body after death.						
	23A. SIGNATU	RE A Ma	m C	2 WAYS AM	4		23 B. DATE SIGNED	
	23C. PHYSICIA	Macc	105	DEGREE Phys.		Staff Phys.	11/23/69	
	NAME (T)	ypel # · K	PRIT	3 MI DEGREE	3D. ADDRESS MERC	4 1051	1000	
	REMOVAL (S	MATION, 24B. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY 24D. L	CATION (City	, town, ar county) (State)	
	Buri			ly Redeemer C		alto. Md.		
	NOV 26 1	969 Jobs E.	258 NAME O	HIGISTRAR	25C. FUNERAL DIRECTOR)H. 3331 Bre	ADDRESS 21213 hms La. Balto. Md.	
1	/S 150-REV. 1/1/6	8						



Written approval must be obtained before the remains are embanned or tinul disposition is indue:
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
This certificate must be approved by the chief medical examiner or his assistant it death occurred in a hospital and

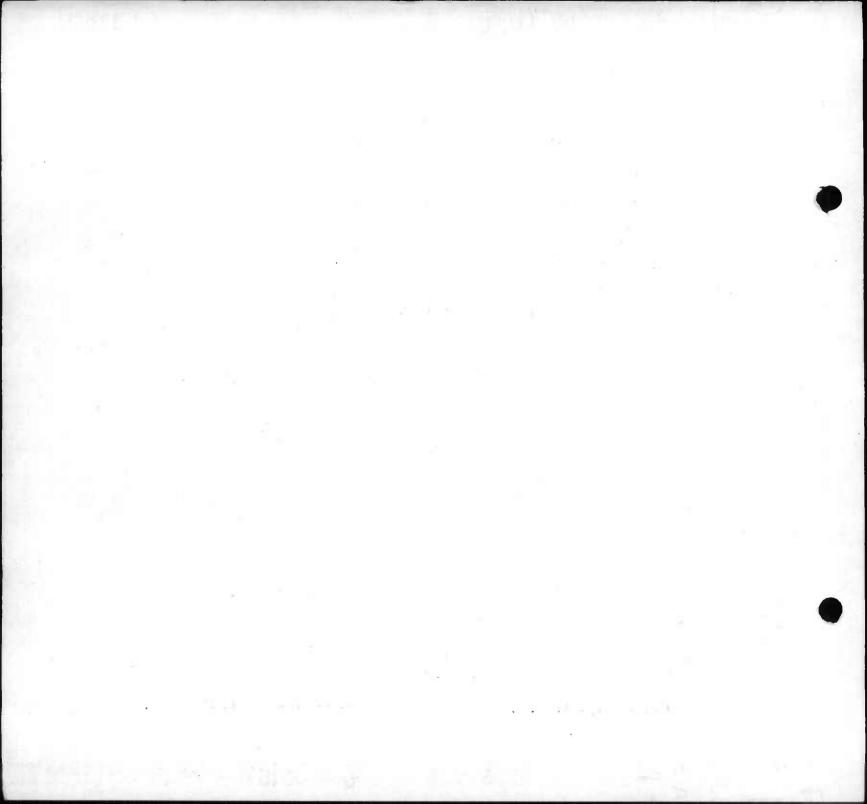
11	00	44.0	BALTIMORE CITY	HEALTH DEPARTMENT		CO 44050)
V-3C	00	1165	8 CERTIFICA	TE OF DEATH	REG. NO.	69 11658)
BIRTH NO.	ECEA SED				AND HOUR OF DEA	TH	
(Type or Print)	300 FACTOR CONTRACTOR E				11/25/69	5:30	
2 BLACE IN B	ALTIMORE, MARYLAND, V	WHERE BRONG		7i to	/ -//	If institution; residence before o	A MM
S. PEACE III B	ALTIMORE MARIEAND,	WHERE PRONO	ONCED DEAD	A. STATE B. COL		1 100	
FULL NAME C	F (IF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	Md.		2632	
HOSPITAL OR	ADDRESS OR LOC	(ATION)		C. CITY OR TOWN	D. I	NSIDE CITY LIMITS?	
				Balto.		YES 🔀 NO 🗌	
Home	4211 Parkwoo	d Ave. I	Balto. Md.	E. STREET AND NUMBER			
				4211 Parkw	ood Ave.	21206	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years		er 24 Hrs.
F.	W.	WIDOWED		4/1/84	lost birthdoy)	Months Doys Hours	Min.
IOA. USUAL OC				11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT	COUNTRY
	of working life, even if retired)			74.7			
	sewife			Italy		U. S. A.	
13. FATHER'S N	IAME			14. MOTHER'S MAIDEN N	AME		
Unk	nown Dece	ased		Unknown	Decea	ased	
15. Wos Deceo	sed Ever in U. S. Armed Fo	orces?	1 6. SOCIAL		alto. Md.		A ===
(Yes, no or unkno	wn) (If yes, give wor or do	tes of service)	SECURITY NO.	De		21200	Ave
No			217-30-2860	D Mr. Guy	J. Vito	4510 Spring	wood
18. funda	86 XI		CAUSE OF DEAT	Н		APPROXIMATE II	
DISI	ASE OR CONDITION D	IRECTLY		0	•		
	LEADING TO DEATH		(A)IMMEDIATE CAL	ISE MOU WOL	ud		
	not meen the mode one, osthenio, etc. It meen		DUE TO OR AS	A CONSEQUENCE OF:			
	complication which couse						
	ANTECEDENT CAUSE	S					
DISFASES	OR CONDITIONS, if	ony giving	DUE TO, OR AS	A CONSEQUENCE OF:			
	the obove couse (A)						
UNDERLY	NG CONDITION lost.		(C)				
_	- 11		2.1		1	Λ	
O OTHER SIG	NIFICANT CONDITIONS CO		Address	1 Benerohsed	ortello.	deren	
	ATH BUT NOT RELATED TO CONDITION GIVEN IN PA		C/a of one				
19A. DATE	OF OPERATION 198. CO	NDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
E	WASTE	RIORIVIED			III CERIII IIII	CAUSES OF DEATH.	
	DENT WAS UNDERLYING	218	PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Bolti	more City, give exoct location)	
₹ DEATH (no	IBUTING CAUSE OF	etc.		ffice bldg., INJURY OCCUR?			
O 21 D. TIME	(Month) (Doy) (Yeor) (Hour) 21E	. INJURY OCCURRED	21 F. HOW DID II	NILLIAN OCCUPS		
OF INJURY			ile At Not Whi		NJURT OCCUR:		
(APPROX.)		W		· 📙			
22. I cert	fy that (I) (this haspite	al) attended t	he deceased from 11-	24 59	19 ta	11-21- 15	69
	re) last saw the deceas		11. 91.	- / 6	that in (my) (aur)	aplnian death accurred an	the date
						aprillari dearii accorrea an	THE GOT
		ated abave. (l) (We) (did) (did nat) v	view the bady after death	٦.		
23A. SIGNA	TURE D	1.		. 1/		23B, DATE SIGNED	-10
	Velgare.	You	DEGREE Phy	ending Med. Director	Staff Phys.	11-25-6	7
23C. PHYSI			DEGREE	23D. ADDRESS			
NAMI	riype/			7075	70.1	26.2	
		Des -					
24A BIIDIAL C	Dr. Sebastia		DEGREE		Rd. Balto		/State1
24A. BURIAL C REMOVA	Dr. Sebastian REMATION, 24B. DATE (Specify)	24C. N	AME of CEMETERY of CR	EMATORY 24D.	LOCATION	(City, town, or county)	(Stote)
24A. BURIAL C REMOVA Buri	Dr. Sebastian REMATION, 24B. DATE L (Specify)	24C. N	AME of CEMETERY of CR Holy Redeem	EMATORY 24D.		(City, town, or county)	(Stote)
Bur	Dr. Sebastia: REMATION, 24B. DATE L (Specify) ial 11/28 TO BY HEALTH DEPT.	24C. N 3/69	AME of CEMETERY of CR Holy Redeem	EMATORY 24D.	Balto. Mo	(City, town, or county)	16
Bur:	Dr. Sebastian REMATION, 24B. DATE (Specify) ial 11/28	24C. N 3/69	AME of CEMETERY of CR	er Cem. 24D. 24D. 25C. FUNERAL DIRECT	Balto. Mo	(City, town, or county) ADDRESS	21213
Bur	Dr. Sebastia REMATION, 24B. DATE L (Specify) ial 11/28 TO BY HEALTH DEPT. 3 1969	24C. N 3/69	AME of CEMETERY of CR Holy Redeem	er Cem. 24D. 24D. 25C. FUNERAL DIRECT	Balto. Mo	(City, town, or county)	21213



	This could an	BALTIMORE CITY	HEALTH DEPARTMENT		69 11659			
	7-260 69 11659 BIRTH NO. 19921860	CERTIFICA	TE OF DEATH	REG. NO	00 11000			
	1. NAME OF DECEASED (Type or Print) Fisher		2. DATE A	NO HOUR OF DEATH	7:15 A.			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE		4. USUAL RESIDENCE (What is a state of the Maryland	ere deceosed lived. If i	nstitution: residence before odmission)			
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) INSTITUTION	, GIVE SIRCE!	c.city or town Baltimore	D. IN:	SIDE CITY LIMITS! YES XXX NO			
3	The Johns Hopkins Hospital		E. STREET AND NUMBER 1543 Winsto	on Avenue				
s mad	S. SEX 6. RACE 7. MARRIED N Female Negro WIDOWED	EVER MARRIED	B. DATE OF BIRTH 11/20/69	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.			
- 1	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSI done during most of working life, even if retired)	NESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?			
disposition	13. FATHER'S NAME James		14. MOTHER'S MAIDEN NA Brenda	AME				
tinal d		OCIAL ECURITY NO.	17. INFORMANT		ADDRESS			
before the remains are embalmed	OR CONTRIBUTING CAUSE OF home, for DEATH (notify medical examiner)	(B) DUE TO OR AS (C) MUST HOPERATION CE OF INJURY (e.g., ii	SE A CONSEQUENCE OF: NS Ble A CONSEQUENCE OF: A C	IN CERTIFYING CA	J5hr J5hr J5hr J5hr J5hr J5hr J5hr J6hr J6hr J6hr J6hr J6hr J6hr J6hr J7hr J7hr J7hr J7hr J7hr J7hr J7hr J7			
btained	While At Work	At Work						
pe o	22. I certify that (1) (this bospital) attended the deceased from Little 11/20 1969 to 1/2/ 1969, that (1) (we) lost sow the deceased olive an 1/2/ 1969 and that in(my) (our) apinion death occurred on the date							
al must	ond hour and from the couses stoted obove. (1) (We 23A. SIGNATURE Judith Hall 1.	Atte	nding Med.	Staff Phys.	23B. DATE SIGNED / / / / / / / / / / / / / / / / / / /			
approval	Judith Hall,	MD. DEGREE	The Johns Ho					
eu	Cremation 11/22/69 Joh	111777	s Hospital 6		adway Balto, Md.			
Writt	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RE NOV 26 1969 Color E. Table 1969	GISTRAR	25C. FUNERAL OSPI	TAL DISP	OSAL ADDRESS			

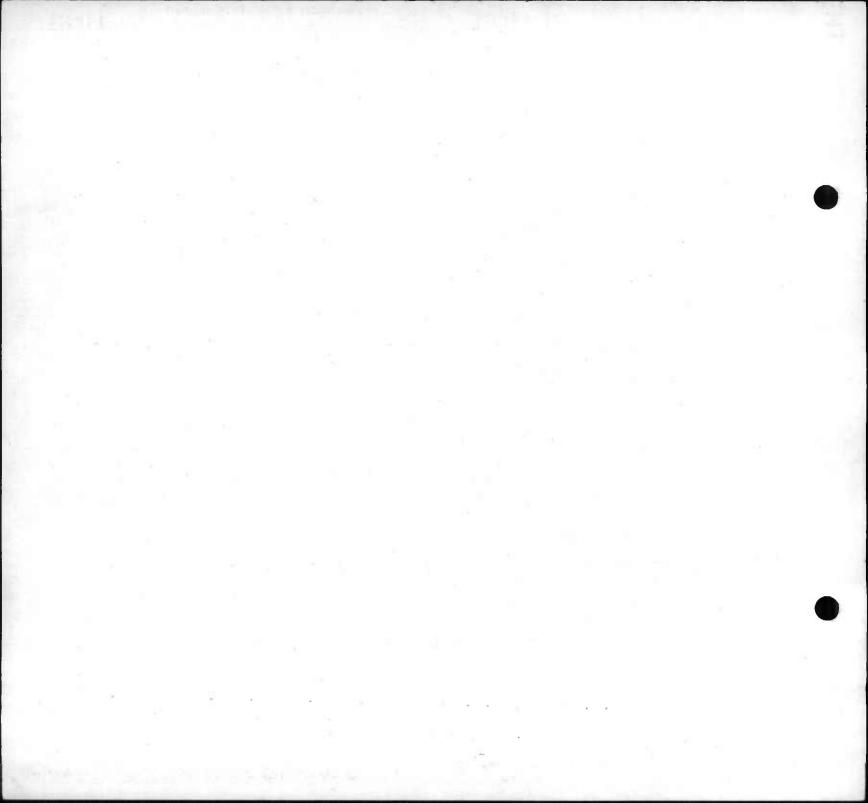


1	BALTIMORE CITY HEALTH DEPARTMENT
	C-636 69 11660 CERTIFICATE OF DEATH REG. NO. 69 11660
and sed the the	BIRTH NO. 1, NAME OF DECEASED 2, DATE AND HOUR OF DEATH.
- P = C	(Type or Print) (-011/54) (ARTER, 11/24/69) 6 3ml
of of Dec	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
e (C)	200
مَ مَ يَ مَ مَ	HOSPITAL OR ADDRESS OR LOCATION)
cau cau use; enc to	George Washington Nittone BALTIMORE YES NO [
ting d cau r att prior	E. STREET AND NUMBER 1021-01 (NOL 1-5+ 2/205"
ar de.	70.00 70.00
occur ontrib ermin regule eased is ma	7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. ASEAIN years lost brithdoy) Tempele amer Name Widowed Divorced 5/10/1910 59
con con ter re cea cea	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ath det in dec	done during most of working life, even if retired) Description Compared
de Un as e e	13. FATHER'S NAME
rect (4) U (4) U the ispos	George Bennett Mattie Duckes
ant di ath on	15. Was Deceased Ever in U. 5. Armed Forces: 16. SOCIAL 17. INFORMANT
iste he kin dec ce ce	(Yes, no or unknown) (It yes, give wor or dotes of service) 2/2 // 8/137
SS + E.	18.4/21 CAUSE OF DEATH CEREBRO VASCULTIVE APPROXIMATE INTERVAL CEREBRO VASCULTIVE APPROXIMATE INTERVAL APPROXIMATE INTERVAL
f any fany nced enda d or	DISEASE OF CONDITION DIRECTLY
Also e of iou atte	LEADING TO BEATH
20 20	neotr tollure, ostnerio, etc. il meons ine diseose,
ner act pr pr ula mb	
fr fr ho eg e	(B) CARSIOVASCONE BISCHS
X X X X X X X X X X X X X X X X X X X	DISEASES OR CONDITIONS, if only, giving DUE TO, OR AS A CONSEQUENCE OF: Tise to the above cause (A) stating the CRERAL HELDRIDS CLERASIS
al (3) (3) (3) (3) (an ins	UNDERLYING CONDITION lost. (C) CONCONTRACTOR CONTRACTOR
rns rns sic wa	O THER SIGNIFICANT CONDITIONS CONTRIBUTING
med phy	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A).
dy dy e E	
Ch N B B B H H H H H H H H H H H H H H H H	
the all b (2) ere o pt	0 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF tNJURY (e.g., in or obout 21C. WHERE DID (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF Control
Why Why	D 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
pt (6)	OF INJURY While At Not While
ove e h r r r rai	WORK AT WORK
th th (ex (ex)	22. I certify that (I) (this haspital) attended the deceased fram 16 00 19 07 to 23 000 19 09
= 0	that (1)(we) last saw the deceased alive an 22 NOV 19 6 9 and that in my) (aur) apinian death accurred an the date
ust be a eased to dent of lospital death) must be	and haur and fram the causes stated abave (1) (We) (did) (did nat) view the bady after death. 23A JONATUSE 23B. DATE SIGNED
T dea	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a h	23C. PHYSICIAN'S 23D. ADDRESS
was r was r An at prior	NAME (Type)
E 3 4 0 0	Richard Tyson M.D. DEGREE 2320 EUT W Place Md. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
certifica body wa vs. (1) An D.O.A. a cased pri	REMOVAL (Specify) That Tolor
	25A, DATE REC'D BY HEALTH DEPT. 1 25A, NAME OF REGISTRAR 25C EUNERAL DIRECTOR ADDRESS
This certithe body shows: (1) was D.O. deceased written a	10 V 26 1969 John E. John 129 6 Charles Tumol tome 1/29 Kg
	VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.

-	-500 69 110	BALTIMORE CITY	HEALTH DEPARTMENT		0 44-01
1	-500 69 116	OL CERTIFICA	TE OF DEATH	REG. NO.	9 11661
	H NO. AME OF DECEASED	CERTIFICA		ID HOUR OF DEATH	
	e or Printi	Thank	nend	maken 9.1 1969	71
3. 8	LACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD		re deceased lived. If institution	: residence before admission)
			A. STATE B. COUN	TY	10011
FUI	L NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	mel	I- weight our	1204
INS	TITUTION		C. CITY OR TOWN	D. INSIDE CITY	
/	My mion mer	W. Hospital	E. STREET AND NUMBER	ede YES	NO NO
7	90,000		301621	s, red &1	
5. S	EX 6. RACE 7. MADD			9. AGE (In years If Un	der 1 Yr., If Under 24 Hrs.
3.3	mal a a man	IED NEVER MARRIED		lost birthday) Month	ns Doys Hours Min.
104	USUAL OCCUPATION (Give kind of work) 10B, KINE		11. BIRTHPLACE (State or fore)	ign country) 12. C	ITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired)	OF BOSINESS OK INDUSTRI	11. BIRTHPLACE (Store of Tores	Ign country)	THIZEN OF WHAT COUNTRY!
	Retired		Columbia	County Ja,	
13.	FATHER'S NAME	,	14. MOTHER'S MAIDEN NA!	ME /	
	71/101.01 11 11	0	110	narchell	
15.	Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL CEL SECURITY NO.	17. INFORMANT		ADDRESS
(Yes	,no or unknown) (If yes, give wor or dotes of servi	cel SECORITY NO.	m. e	Al 20	, for med of
<u> </u>	18.	CAUSE OF DEATH	Mary Co.	homas 30	APPROXIMATE INTERVAL
	7 / 00 / 3	- IE		1.11.5	BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	D X	enoscleratio	way	10 GRALA
	(This does not meon the mode of dying,		A CONSEQUENCE OF:	COULINE	1
	hearf lailure, asthenia, etc. It means the dise- injury or complication which caused death.)	ose,			
	ANTECEDENT CAUSES	r Lui			
	DISEASES OR CONDITIONS, if ony, give	ving (B)	A CONSEQUENCE OF:		
	rise to the obove couse (A) stoling	- V)			
	UNDERLYING CONDITION Iosi.	(c)			
z	II .	3 6			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN				
CA	DISEASE OR CONDITION GIVEN IN PART I (A). 19 A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FINDING	GS CONSIDERED
ERTIFIC	WAS PERFORMED		16	IN CERTIFYING CAUSES O	F DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY le.g., in	n or obout 21C. WHERE DID	(If in Boltimore City,	give exoct location)
AL	OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner	home, form, foctory, street, of	fice bldg., INJURY OCCUR?		
O	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJ	IIIN OCCIIN	
	OF INJURY	While At Not While		OKT OCCOR:	
	(APPRDX.)	Work At Work			
	22. I certify that (I) (this hospital) attende	ed the deceased from	prel	196610 NOC	13 1969.
	that (I) (we) lost sow the deceased alive	on	19ond th	ot in (my) (our) opinion d	eath occurred on the date
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.					
	23A. SIGNATUSE		-	238, D	ATE SIGNED /
	CAT Para is	Atte	nding Med.	Staff Phys.	10175/10
	23C. PHYSICIANS	DEGREE Phys	23D. ADDRESS	rnys. —	10,20/64
	23C. PHYSICIAN'S NAME (Type)			. St. Balto, M	id. 21218
244	F.C.Caguin,	DEGREE			
24A	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME OF CEMETERY OF CRE	MATORY 24D. L	OCATION ICity, town	n, or county) (Stote)
1	Durial 1/125/69	Int Calmary	Cemetery a	La Counte	1 ma.
25A	DATE REC'D BY HEALTH DEPT. 25 NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	111	ADDRESS
	101 26 1969 - COLD 17	0 1 0 0 0	Unstan Es.	Ellekera //2	911. Carlinst
VS	150-REV. 1/1/68				



REG.	NO	69	116	62
KEO.	140			

BIRTH NO.	ME	DICAL	EXAMINER'S	CER	TIFIC	CATE OF	DEAT	H REG. NO.	69	11662
. NAME OF DEC	CEASED			2. D	ATE	Known 🗌	Month	Doy	Yeor	Hour
Type or Print)					OF	Estimoted		004		11001
Samuel Murphy 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					ATE	23111101100	Month	Dov	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET						INCED DEAD				4.15 D
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION					CIIAI DE	SIDENCE (Where	11	24	69	4:15 P.
				A. S1		SIDEIACE (Where	e deceased ii	B. COUNTY	: residence i	
			pital (DOA)			Maryland	1.0			808
SEX	7. RACE	B. MARRIE	D NEVER MARRIED] c. c	ITY OR	TOWN		D. INSIDE CI	ry Limits?	
Male	Negro	WIDOWE	D DIVORCED]	Ba	1timore		YE	s x	NO 🗌
DATE OF BIRT	TH 10. AGE		Under 1 Yr. If Under 24 Hr Ionths Doys Hours Mil		TREET A	ND NUMBER				
april 10.	10	57			200	8 E. Eage	r St.			
	State or foreign country		CITIZEN OF	13. F		SNAME	1			
trivil	leville n	10000	WHAT COUNTRY?		Shi	mes To	when.	· Sm 11	1.1.1.	
4A.USUALOCCI	UPATION (Give kind of we	ork 148. KIND (OF BUSINESS OR INDUST	RY 15	MOTHER	'S MAIDEN NA	ME	Maria	your	
one during most of	working life, even it refire	ed)		1	Yest	, 9/4 I	16 11	1 -1 -1 -	. /	
6 WAS DECEAS	SED EVER IN U.S. ARN	AED FORCES?	17. SOCIAL	18. 1	INFORN	IANT DESCRIPTION	u c	Al	DERESS	
es, no or unknown	(If yes, give wor or dot	es of service)	SECURITY NO.		100	5. 22		1	,	
19.			2/2-67-792 CAUSE OF DE		um	sy /11	urpe	щ	LA	PPROXIMATE INTERVA
1.41	2,77		CAUSE OF DE	АІП		/	-	/		WEEN ONSET AND DE
DISEAS	SE OR CONDITION DI	RECTLY	Arterios	cler	otic	cardiova	scular	disease	2	
4-1	LEADING TO DEATH		(A)IMMEDIATI							
heart failure	not mean the made of e, asthenia, etc. It means	the disease,	DUE TO, O	RASAC	ONSEQ	UENCE OF:				
injury or co	mplication which caused	de oth.)				44				
A	NTECEDENT CAUSES		(8)							
DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO, O	R AS A	CONSEC	UENCE OF:				
UNDERLYI	IE ABOVE CAUSE (A) S NG CONDITION LAS	TATING THE T.	40)							
5			(C)							
OTHER SIGN	II NIFICANT CONDITIONS	CONTRIBUTION	NG							
TO THE DE	ATH BUT NOT RELATED	TO THE TERMIN								
20A DATE O	R CONDITION GIVEN IN		OR WHICH OPERATION	WAS DE	REORM	FD			121 AUTC	OPSY? (Yes or No)
OTHER SIGN TO THE DE DISEASE OF	T GI EMPAII GI T	.orabinorar	OR WHICH OF EXAMON		.KI OKIII				1	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
							C:: .	no		
	RNAL CAUSE WAS	la l	ome, form, factory, street, of	j., in or fice bldg	obout 2	VJURY OCCUR?	(II in Boltimo	re City, give exc	ct location)	
	AUSE OF DEATH.								This	
≥ 22D. TIME OF INJURY	(Month) (Doy) (Y	(ear) (Hour)	22E.INJURY OCCURRE			2F. HOW DID IN	IJURY OCC	UR?		
(APPROX.)		m		OT WHILE Work						
23.										
I cer	tify that I held on	Inquiry	Inspection XX	utopsy		and that on t	his basis,	deoth In my	opinion	
resul	Ited from: Natural c	auses X	Accident July	ide 🗌] Ho	micide 🔲	Undetermi	ned monner [
		1		1	(CHIEF MEDICAL	EXAMINER			
ACTUAL		WIA	TY.		ASSIS	STANT MEDICAL	EXAMINER			DATE SIGNED
SIGNAT	1/	100	W	.D.						
NAME (II Spi	tz, M.D.	Denu		CIATE MEDICAL hief Medi		aminer		11-25-69
24A. BURIAL CRE	MATION, 248, DAT		24C. NAME of CEMETER				LOCATION		n, or county	
REMOVAL (Spec	cify)	20/10	10	2	1			- 11	/	
Bus	1100	4/64	Farden	0/1	Leis	iel Hope	//	inkos	ung	ma
PATE RECH	BY HEALTH DEPT	258 NA	ME OF REGISTRAR	0	25C. F	UNERALDIRECT	OR .	Α	DDRES8	
101 70 1	ع مريدن د حال	- Janoer	1.00		12	10 6	woo.	11100	190/	Part:
C 151 DEV 1/1/2	.0	1	1 4 9 6	7	1	eur, use	yeer	1/del	11,0	ar and
S 151-REV. 1/1/6	70	()	3 1	-2	2					

- 14.- - 14.5 70. - 5 34.C/M 15 0E ME IN

IMPORTANT DIRECTOR: FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH and (5) Deceased death BIRTH NO I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0 10% hospital USUAL RESIDENCE (Where deceased lived, II is stitution: residence death. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance A. STATE cause FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET CITY OR TOWN HOSPITAL OR ADDRESS OR LOCATION D. INSIDE CITY LIMITS (4) Undetermined cause; 0 YES X prior STREET AND NUMBER contributing Rutlano made regular 9. AGE (In years 6. RACE DATE OF BIRTH 5. SEX If Under 1 Yr. 7. MARRIED NEVER MARRIED deceased last birthdoy Months: Doys WIDOWED Y DIVORCED 8 isposition is country 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Was 13. ATHER'S NAME the 14. MOTHER'S MAIDEN NAME death uo T kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no of unknown) (If yes, give war or dotes of service) 1 6. SOCIAL SECURITY NO. 17. INFORMANT final attendance any 18. CAUSE OF DEATH APPROXIMATE INTERVAL pronounced 10 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY lmed LEADING TO DEATH (A) IMMEDIATE CAUS (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl failure, asthenio, etc. It means the disease, emba gular injury or complication which coused deoth.) ANTECEDENT CAUSES 10 are OR AS A CONSEQUENCE OF: DUE TO, DISEASES OR CONDITIONS, if any, to the above couse (A) stating the UNDERLYING CONDITION last. the remains physicia Was medical ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) Body CERTIFIC 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED the O WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Baltimare City, give exoct location) where OR CONTRIBUTING CAUSE OF hospital å MEDICAL DEATH (notify medical exominer) obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 9 21 F. HOW DID INJURY OCCUR? OF INJURY (except While At Not While (APPROX.) and Work At Work to the any 22. I certify that (I) (this haspital) attended the deceased from that (1) (we) last sow the deceased alive on. be and that in (my) (our) opinion death accurred an the date eath) of hospital and haur and from the causes stated abave. (1) (We) (4t4) (did nat) view the bady after death. must accident 23A. SIGN ATURE 23 B. DATE SIGNED Ö Attending Z Med. Staff 0 Phys. Director 0 Phys. O 23D. ADDRESS 23C. PHYSICIAN'S prior approv at NAME (Type) An d 24A. BURIAL CREMATION, CEMETERY OF CREMATORY 24B. DATE 24D. LOCATION (City, eceased the body o REMOVAL (Specify) written REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/6B

NO

Hours

DDRESS

If Under 24 Hrs.

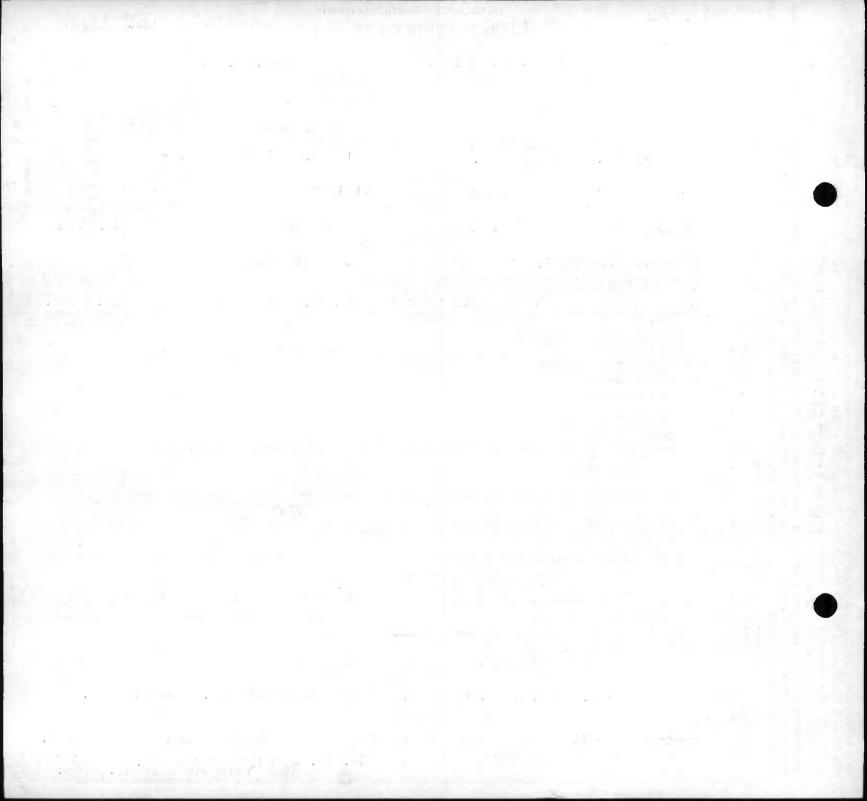
truff storebruietre Cothagolewan marsuetrey job/ sival 12 Es layso is man + K. Cellen 1222 N. Combis FK ADAMS

and	the	
of d	th.	
hosp Jse (5)	dea	
ח ם כפנ	r to	
ed i	- n d	
tribu	gula sed mad	
con con	n re	
dea tor	as i	
direction (4)	h th disp	
he ckind	deat ce o	
if if	ced ndan or fi	
or hi Also e of	atte	
ner.	pror lar nbal	
amir A fr	vho regu	
o approved by the chief medical examiner or his assistant if death occurred in a hospital and d to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause: (5) Deceased	ital (except where the physician who pronounced death was in regular attendance on the 1th); and (6) No physician was in regular attendance on the deceased prior to death. Such it be obtained before the remains are embalmed or final disposition is made.	
odica urns	ysici was	
iet ra	ician he r	
by c	phys	
oy th oital re; (No No	
host natu	ept 1 (6)	
the	and obt	
be a se to to to to to	ath)	
leas ider	hosp o de	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind: (4) Undetermined cause: (5) Deceased	was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
Y WC	od pr	
bod ws:	s D.C	
Thi the sho	A de W	3

1	T-512	69	1166		HEALTH DEPARTMEN	•	69 11664
	TH NO.			CLKTITICA			
(Ту	pe or Print)	HOMPSON, J			NO	VEMBER 24,	19691 11:00P.
3.	PLACE IN BALTI	MORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (A. STATE 8. C	Where deceased lived, If	institution: residence before admission)
H	ILL NAME OF DSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	TUTION, GIVE STREET	MD ,	D. IN	ISIDE CITY LIMITS?
1	/ A ST	AGNES HOS	DITAL		BALTIMOR	E	YES NO
7	0 31.	Adiles 1103	FIIAL		703 ALLE		21229
5.	SEX 6.	RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	MALE	NEGRO	WIDOWED	DIVORCED T	9/15/1896	73	Months Doys Hours Min.
104	USUAL OCCUP	ATION (Give kind of work rking life, even if retired)	108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or	foreign country)	12. CITIZEN OF WHAT COUNTRY
					SOUTH CAR	OLINA	U.S.A.
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
	HAZEL	THOMPSON			LETTIE EL	ZIE	
15. (Ye:	Was Deceased Ex s, no or unknown) (I	ver in U. S. Armed For f yes, give wor or dote	ces? s of service)	16. SOCIAL SECURITY NO.	17- INFORMANT	ΛVE	S. BALTO MD.2122
	YES	WW 1		248-34-420	B ST AGNES I	HOSP.RECORD	
	18. 4	3.91		CAUSE OF DEAT	- 0 1 11 1 01 1 1 1 1 1 1 1 1 1 1 1 1 1	TOOT . TIL OUTE	APPROXIMATE INTERVAL
	DISEASE	OR CONDITION DI	RECTLY				BETWEEN ONSET AND DEATH
		ADING TO DEATH		(A)IMMEDIATE CAU	SE YULKW	MARY EDE	EMA.
	(This does not	meon the made al thenia, etc. It means	dying, e.g.,	011000000000000000000000000000000000000	A CONSEQUENCE OF:		
	injury or campli	icalian which caused	death.)				i i
	AN	TECEDENT CAUSES		MY	OCAL MAL	INFARIT	Ox 2 un.
	DISEASES OR	CONDITIONS, II	anv. giving	(B)DUE TO, OR AS	A CONSEQUENCE OF:		ox. 2 m.
	rise to the	above cause (A)	sloling the	(700	Amer A	THEROSCLE	Reco
	UNDERLING (CONDITION TOST,		(c)	-01410 F 1V	772700000	
z	OTHER SIGNISIC	II	ITDIDITING.				
잂	TO THE DEATH I	ANT CONDITIONS COL BUT NOT RELATED TO TH	E TERMINAL				
5	19A. DATE OF O	PERATION 198 CON	I (A). DITION FOR V	WHICH OPERATION	20A. ALITOPSY? (Yes. o	Nol 208 IE VEC WERE	SINDINGS CONSIDERS
CERTIFICATIO	2	WAS PERF	ORMED		YES	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
_	21A. A CCIDENT OR CONTRIBUTII DEATH (notify me	WAS UNDERLYING NG CAUSE OF edicol exominer)	218, hom etc.	PLACE OF INJURY (e.g., in a, form, foctory, street, of	or obout 21 C. WHERE DIE	(II In Bollima	ore City, give exact location)
w 1	21 D. TIME (A	Aonthi (Doyl (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
Σ	(APPROX.)		Whi	le At Not While			
	22 1	. X(X)	Wor			60 NOV	
		at (1) (this hospital)			PIEMBER 27	19 69 ta NOV	EMBER 24 19 69
				NOVEMBER 2		that In (my) (aur) ap	inlan death accurred an the date
	and haur and fi	rom the causes stat	ed above. XI	(We) (did) (did hot) vi	ew the bady after dea	h.	
	23A. SIGNATURE	2	0				238, DATE SIGNED
	Can	lon. G	lies	OSO DEGREE Phys.	ding Med.	Staff Phys.	11-25-69
	23 C. PHYSICIAM'S NAME (Type	5		DEGREE	3D. ADDRESS	BA	ITO MD 21220
	CARLO		0S 0 . M	. D . Decess	ST.AGNES HO	OD ONTON	
24A	BURIAL CREMA	TION 248, DATE		ME of CEMETERY OF CRE	MATORY 1240		ity, town, or countyl (Stote)
	Burial	11/28/6					
25A	DATE REC'D BY		258, NAME O	altimore Nat	I Cem.	Baltimore,	, Maryland
n	V 26 1060	20.003	Co de	A CO CO	MOD TONE &	OR PTTT F	H. 1701 Laurens St.
V	V 20 1303	Incate et /	HEESEN . P	* A () ()	Ul TAPLET 9	7 11112,	ii. iioi Laurens St.
4	174-VE A* (\ 1\0B					1	

FUNERAL DIRECTOR: IMPORTANT

	AME OF DEC e or Print)	Bessie	B. Ro	bertson		Nov. 2	3, 1969		2.30 P.M.
FU L	L NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA		OUNCED DEAD	A. STATE Maryla	B. COUNTY and IN		institution: resid	ence before odmission
9	7 A L	ong Green N 15 E. Melro			Baltin E. STREET AND 14 W.		pring La	yes ∏ ane	NO 🗌
5. S	F	6. RACE	7. MARRIE	D NEVER MARRIED D	11-17-18	886 lost	AGE (In years birthdoy)	If Under 1 Months Do	Yr. If Under 24 H.
		working life, even it retired)		of business or indust n Home	Maryla Maryla		country)		S.A.
	Clarence	me ce Treadwell	ı		Cordel	ia Boyd			
		Ever in U. S. Armed For (If yes, give wor or dote		16. SOCIAL SECURITY NO. 212-03-5816	17. INFORMANT	Chapma	an		o., Md.
	heart failure, injury or con	LEADING TO DEATH not mean the mode of asthenia, etc. It means nplication which caused ANTECEDENT CAUSES	the diseas deoth.)	e,	AUSE A CONSEQUENCE				
ATION	DISEASES (rise to the UNDERLYING) OTHER SIGNITO THE DEA	not mean the mode of asthenia, etc. It means application which caused	s the diseas deoth.) any, givin stating th	(B)	AUSE	OF:			
RTIFICATI	DISEASES (rise to the UN DERLYIN) OTHER SIGNIT TO THE DEA' DISEASE OF C	not mean the mode of asthenia, etc. It means in plication which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION last.	any, givin slating the Control of the Terminal of the Control of the Control of the Control of the Terminal of the Terminal of the Terminal of the Control of the Terminal of the Control of the Terminal of t	(B)	AUSE A CONSEQUENCE AS A CONSEQUENCE	OF: E OF: TA (Yes or No) 2 TW	OB. IF YES, WER	RE FINDINGS CC	ATH?
CAL CERTIFICATI	DISEASES (rise to the UNDERLYING) OTHER SIGNITION THE DEATORS OR CONTRIBUTE OR CONTRIB	not mean the mode of asthenia, etc. It means in plication which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION last.	any, givin stating the DNTRIBUTING THE TERMINART I (A). NOTION FOR THE TERMINART I (A). NOTION FOR THE TERMINART I (A).	(B)	AUSE A CONSEQUENCE AS A CONSEQUENCE 20 A. AUTOPS in or obout 21 C. W office bldg., INJURY	OF: E OF: E OF: HERE DID OCCUR?	OB. IF YES, WER	RE FINDINGS CE CAUSES OF DEA	ATH?
CAL CERTIFICATI	DISEASES (rise to the UN DERLYING) OTHER SIGNIT TO THE DEA' DISEASE OR CO 19A. DATE OF	not mean the mode of asthenia, etc. It means in plication which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION last.	any, givin slating the DNTRIBUTING (HE TERMINA FOIL FORMED)	(B)	AUSE A CONSEQUENCE AS A CONSEQUENCE 20A. AUTORS in or obout 21C. W office bldg., INJURY	OF: E OF: E OF: HERE DID OCCUR?	OB. IF YES, WERN CERTIFYING C	CAUSES OF DEA	ATH?
MEDICAL CERTIFICATI	DISEASES (rise to the UN DERLYIN) OTHER SIGNIT TO THE DEA' DISEASE OR COTHER SIGNIT TO THE DEA' DISEASE OR COTHER SIGNIT TO THE DEA' DISEASE OR COTHER SIGNIT TO THE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (wee)	not mean the mode of asthenia, etc. It means in plication which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION last. FICANT CONDITION SCOTH BUT NOT RELATED TO TOONDITION GIVEN IN PAIR OPERATION 178. CONDITION GOVERN CONDITION CONDITION CONDITION CONDITION (MAS PER CONDITION) TO PERATION 178. CON WAS PER CONDITION (Day) (Year) That is saw the deceased from the causes stood from the causes stood RE	any, givin stating the DNTRIBUTING THE TERMINAR TI (A). ONTRIBUTING FORMED 2 h (Hour) 2	(B) DUE TO, OR A D	20A. AUTOBS p., in or obout 21C. W office bldg., INJURY white 19 19 0 19 19 19 19 19 19 19 19 19 19 19 19 19	OF: E OF: TYN (Yes or No) 2 TYN (Yes or No) 2 HERE DID OCCUR? DW DID INJURY	OB. IF YES, WERN CERTIFYING C	opinion deoth o	19 6 occurred on the disigned 2 5 - 6 9
MEDICAL CERTIFICATI	DISEASES (rise to the UNDERLYIN) OTHER SIGNIT TO THE DEA: DISEASE OR C 19 A. DATE OF CONTRIBUTE OF INJURY (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) and hour and 123A. SIGNATURE OF INJURY (APPROX.)	not mean the mode of asthenia, etc. It means in plication which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION last. FICANT CONDITION S COMMON TO THE BUT NOT RELATED TO TO TO NODITION GIVEN IN PAIR OPERATION 198. COMMAS PER NT WAS UNDERLYING UTING CAUSE OF medical examines) (Month) (Day) (Year) that (I) (this hospital last saw the deceased from the causes for proper causes of the causes for proper causes of the causes for proper	any, givin stating the terminal of the termina	(B)	20 A. AUTOPS 20 A. AUTOPS in or obout 21 C. W office bldg., INJURY 21F. HC hile 21 Photos 22	OF: E OF: E OF: HERE DID OCCUR? Ond that if firer death. ed. Sha rector Sha	OB. IF YES, WERN CERTIFYING COUR? (If in Boltim OCCUR? to	opinion deoth o	19 0 occurred on the disigned 25-69 Md.



69 BaltimoreNati

126/69

Burial

VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

Baltimore

255 FUNERAL DIRECTOR ADDRESS H.W. Jenkins & Sons Go. 4905 York Rd.

Balto.

Md.

Md21212

Since any re medical.

THE RESERVE AS A SOURCE THE STATE OF THE PROPERTY OF THE PARTY OF THE

5-350 BIRTH NO.	69 1	11667		ATE OF DEA		EG. NO	69 1166
1. NAME OF DECEASED (Type or Print)	Howard	c. s	utton	2.	Nov. 25,	OF DEATH 1969	9.10
3. PLACE IN BALTIMORE FULL NAME OF (IF HOSPITAL OR AI INSTITUTION			NCED DEAD	4. USUAL RESIDENA. STATE Marylar C. CITY OR TOWN Baltimo		D. INSIDE	CITY LIMITS?
310	Melrose	Avenue	е	E. STREET AND N			23
S. SEX 6. RAC	W	WIDOWED		B. DATE OF BIRTH		oy) N	f Under 1 Yr. If Under 1 Open Hours
done during most of working Civil Engine	life, even il retired)	Surve			nty, Mary	the second second	U.S.A.
Jacob How	ard Sutto	n		14. MOTHER'S MA	IDEN NAME		
15. Wos Deceosed Ever in (Yes, no or unknown) (If yes	U. S. Armed Force, give wor or dotes	of service)	16. SOCIAL SECURITY NO.	Mr. Rok	pert Sutto	n 627	ADDRESS Melville A
UNDERLYING CON UNDERLYING CON OTHER SIGNIFICANT TO THE DEATH BUT I DISEASE OR CONDITI	IDITION tast. II CONDITIONS CON NOT RELATED TO THE	TRIBUTING E TERMINAL	/Keni Par	ire Bladel	althry.		394
19A. DATE OF OPERA	NATION 198. COND	TON FOR W	VHICH OPERATION	20A. AUTOPSY?	IN CER	YES, WERE FINITIFYING CAUSE	DINGS COLVEIDERED
OR CONTRIBUTING	CAUSE OF	21 B. home etc.)	PLACE OF INJURY (e.g. e, form, foctory, street,	in or obout 21 C. WHE office bldg., INJURY O	RE DID CCUR?	(If in Boltimore C	City, give exoct locotion
OF INJURY (APPROX.)	h) (Doy) (Yeor)		INJURY OCCURRED Not With At Work	ile 🗖	DID INJURY OCC	UR?	
that (1) (we) last s	aw the deceased	l alive on	e deceased from 2 25 CLIV 19	- /	ond that in(my	to 25 Ks) (our) apinio	n death accurred
PHINIS PARTIES	Seow	ed obove. (I)		view the bady after tending Med. Direct 23D. ADDRESS	Staff	R 00	BB. DAYE AGNED
24A. BURIAL CREMATION REMOVAL (Specify) BURIAL 35A. DATE REC'D BY HE.			ME OF CEMETERY OF C	REMATORY	alle live	Palley,	town, or county)
Burial 25A. DATE REC'D BY HE.	11-28-	1969 [Druid Ridge				alto. Co.
NOV 2.6 1969 VS 150-REV. 1/1/6B	3 29.88	Jaber		Henry	PO5 York	ns & Sp Road E	ns Co. Mo

ASCVD ilovaylingfrang Jundy Witwelian Havilenia Hable Utry. 25 limby 15 EAMPISTEN L. KEOWN M.D. IMPORTANT

FUNERAL DIRECTOR:

12 backed

0,

2 me Con

6	2 = 3	69 1	1668		HEALTH DEPART		250 410	69	11668
RIT	TH NO.	0 10 1	17000	CERTIFICA	TE OF DE	ATH	REG. NO		
	PAME OF DECI	Mary Burn	ice Benn	ett	2		nd Hour of DEAT	Н	2 P M
3.	PLACE IN BALT	IMORE, MARYLAND, W			4. USUAL RESIDE	NCE (Whe		institution:	residence before odmission)
II H	LL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	Md.			ISIDE CITY	150/
1		c Health Serv	rice Hos	ni tal	Baltimo			YES _	NO 🗌
1)	<i>y</i>	an Parkway	100 1100	pr voic	1.363 N		y Street		
5.	SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthday)	II Und Months	ei 1 Yi. If Under 24 His. Doys Hours Min.
L	F	Col	WIDOWED	DIVORCED 3	7/12/1		lost birthday 52		
	e during most of v	JPATION (Give kind of work working life, even if retired) Dloyed	10B. KIND OF	BUSINESS OR INDUSTRY	Md.		eign country)	12. CIT	USA
13.	FATHER'S NAM				14. MOTHER'S MA	AIDEN NA	ME		
	John	n Turner			Eva Co	oper			
15. (Ye	Was Deceased	Ever in U. S. Armed Ford	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS
	No	, , , , , , , , , , , , , , , , , , , ,		216-12-3722	Records-	US F	HS Hospita	l, Bal	to, Md.
	(This does in heart foilure, injury or com DISEASES Crise to the	E OR CONDITION DIR LEADING TO DEATH of meon the mode of osthenio, etc. It meons uplication which coused ANTECEDENT CAUSES OR CONDITIONS, if o obove couse (A)	dying, e.g., the disease, death.)	DUE TO, OR AS	ise Bieching a consequence of criticals a consequence	of th	e liver	S	days. years
ATION	TO THE DEAT	II ICANT CONDITIONS COI H BUT NOT RELATED TO THE ONDITION GIVEN IN PAR	HE TERMINAL						
CERTIFIC		OPERATION 198. CON WAS PERF	DITION FOR W	HICH OPERATION	20A. AUTOPSY?	(Yes or N	o) 20B, IF YES, WER IN CERTIFYING C	E FINDING AUSES OF	S CONSIDERED DEATH?
CALCE	OR CONTRIBU	NT WAS UNDERLYING TING CAUSE OF medicol exominer)	21 B. home etc.)	PLACE OF INJURY (e.g., i e, lorm, foctory, street, o	n or obout 21C. WHI fice bldg., INJURY	ERE DID OCCUR?	(II in Boltim	ore City, gi	ve exoct location)
MEDI	21 D. TIME OF INJURY (A PPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURRED Not White At Work	e —	W DID IN	JURY OCCUR?		
	22. I certify	that (1)/(this haspital) attended th	e deceased fram	Nov. 12		19 69 to	Nov. 2	19 69
						and tl	hat in frofy) (aur) a	plnian de	ath accurred an the date
	and haur and	fram the causes stat	ed abave. ()	(We) (did) (did hoft)	iew the bady aft	er death.			
	23A. SIGNACU	m 9. fe	ld_	M.D. Atte	ending Med	i.	Staff Phys.		12 2 /69
	23C. PHYSICIA NAME (T	y E. Feldman.	SA Suno	40	US PHS Ho	spita	al, Balto, I	Md.	
24	A BIIDIAL CRE	AATION DATE	DA DULE	DEGREE	EAA ATORY	[24D]	OCATION	C:1. 1	or county) (7 (State)

25C. FUNERAL DIRECTOR

McCrimmon,

MAlethia

ADDRESS

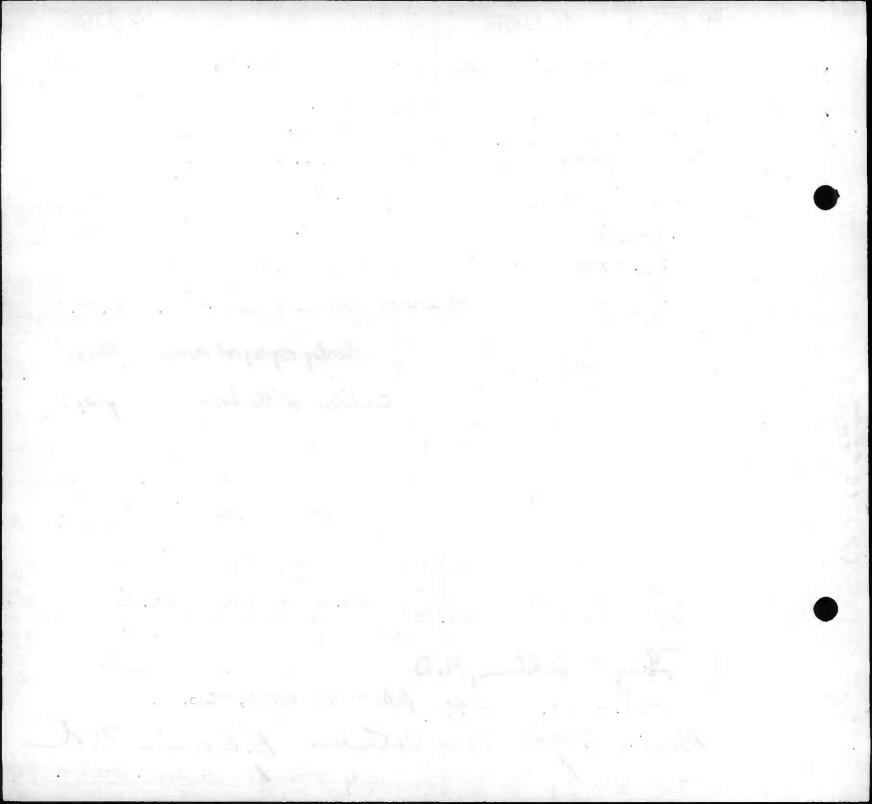
2302 W.North Ave.

RGB

NOV 26 1

25B, NAME OF REGISTRAR

DEPT.



R-200 69 11669 BALTIMORE CITY H	EALTH DEPARTMENT
BIRTH NO. 68-11/66 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 69 11669
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy Year Hour
Shawn Boyd 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
OR INSTITUTION ADDRESS OR LOCATION)	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
Sinai Hospital (DOA)	A. STATE Maryland B. COUNTY 2 7 3 9
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Date Timore
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs Months, Doys, Hours, Min	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	1248 Winston Avenue
WHAT COUNTRY?	Charles Bryon
14A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUST	TY 15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired)	Marting aldrich
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(II yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
19. 4 8 4 X1 CAUSE OF DE	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (This does not meon the mode of dying, e.g., (A) IMMEDIATE (A) OPEN TO OPEN	CAUSE (SDII) Interstitial pneumonitis
heart failure, osthenio, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (6)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
O II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	yes
UNDERLYING OR CONTRIB-	, in or obout 22C. WHERE DID (If In Boltimore City, give exact location) ce bidg., etc.) INJURY OCCUR?
OF INJURY	TWHILE THE PORT OF
	WORK [
I certify that held on Inquiry Inspection A	stopsy and that on this basis, death in my opinion
	de Homicide Undetermined manner
11/1/2/2000	CHIEF MEDICAL EXAMINER
SIGNATURE M.I.	ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S NAME (Type) Werner U. Spitz M.D	ASSOCIATE MEDICAL EXAMINER Deputy Chief Medical Francisco
24A, BURIAL CREMATION. 1248, DATE 124C NAME of CEMETERY	Deputy Chief Medical Examiner 11-25-69 or CREMATORY 240. LOCATION (City/ Toyn, or county) (Stote) //
REMOVAL (Specify) 1/2869 (White	memoral Baltimerelland
25A. DATE REC'D BY HEALTH DEPT. / 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 26 1969 3 5 5 4 Tables 4.D.	felilia for million Bullo
VS 151-REV. 1/1/68	A CAPERTON OF THE PROPERTY OF

V8177 Dr.Spitz

1	BALTIMORE CITY HEALTH DEPARTMENT
	G-65 69 11670 CERTIFICATE OF DEATH X REG. NO. 69 11670
and eath ased the Such	BIRTH NO. 1, NAME OF DECEASED 2, DATE AND HOUR OF DEATH
f deat ecease on th	(T B) A
+ + 0 o +	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET) A. STATE B. COUNTY BALTO 590 590
A S (S) B D	HOSPITAL OR ADDRESS OR LOCATION)
cau Se;	INSTITUTION
in cau cau	BALTO. CITY HOSP E. STREET AND NUMBER
tin dod do pri	5/ 100 KINGSTON RD.
ribu nine gula ed mad	S. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Manths; Doys; Haurs; Min.
ntribu rmine egula ased s mad	F WIDOWED DIVORCED AUG. 5.1923 46
n is	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
inde de tio	HOUSEWIFE W. VA. USA
de Uras	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
# (4)	JOSEPH COPLEY KATHERINE KRAST
e di ind; eath al di	15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT ADDRESS
ister he kin kin dec	(Yes, no ar unknown) (If yes, give war ar dotes af service) SECURITY NO. 23.5-28.6792 THOMAS F. GRIFFIN ABOUTE
d d d	TIB. / APPROXIMATE INTERVAL
is and	DETWEEN ONSET AND PEATH
of of of of the	LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: (A) IMMEDIATE CAUSE Myscardial Anfarction Annieliste (DUE TO, OR AS A CONSEQUENCE OF:
onc alm	(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,
ne la la nb	injury ar camplication which coused death.)
fro fro	ANTECEDENT CAUSES
×ar ×ar ×ar ×h ×h	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
(3) es	rise to the obave couse (A) stoling the UNDERLYING CONDITION last. (C)
lical cal ns; icic	
edi our nys	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
e a p	DISEASE OR CONDITION GIVEN IN PART I [A]. ON INFORMATION 198. CONDITION FOR WHICH OPERATION 208. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
Sod Sod Sic	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In Boltimare City, give exact location)
by by 2) E re t phy fore	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In Boltimare City, give exact lacotion) OR CONTRIBUTING CAUSE OF hame, form, factory, street, office bldg., INJURY OCCUR?
al the color	DEATH (notify medical examine) etc.)
bid X	21D. TIME (Manth) (Doy) (Year) (Haur) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
hose nature d (6)	While At Work (APPROX.) While At Work
5 5 7 7 5 5	22. I certify that (I) (this hospital) attended the deceased from Det 1957 to 1/-22 1969,
du d	that (1) (we) last saw the deceased alive an 11-22- 1969 and that in (my) (evr) opinion deoth occurred on the dote
5 0 5 0	and haur and from the causes stated above. (H) (We) (did) (did not) view the bady after death.
dent dent ospir dear	234/SIMATURE 238, DATE SIGNED
J W C A	Attending Med. Staff Director Phys. 11-24-69
T d a c	730 PHYSICIAN'S NAME (Type) 23D. ADDRESS
y was rel 1) An acc 2.A. at a l d prior to	J. B. LITTLETON 1012 ELD N. PT. RD.
d P	24A, BURIAL CREMATION, 124B, DATE 124C, NAME of CEMETERY of CREMATORY 124D, LOCATION (City, town, or county) (Stote)
	BURIAL 11/26/69 GARDENS OF SAITH BALTO. MD
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
This the k show was dece	BURIAL 1/26/69 GARDENS OF SAITH BALTO. MD 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS NOV 26 1969 GEBE GENERAL DIRECTOR SONS 300 MACE
	VS 150-REV. 1/1/68

The state of the s Lange Commission Contracts of the State of t The first training that the first term in the fi TO CONVELLY SONS SHE SHIPE

	NAME OF DECEASED				AND HOUR OF DE		
Ľ	pe ar Print) WARREN		4 - 7 -		VBMKER		بعی
	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCE		4. USUAL RESIDENCE (VA. STATE B. CC		. If institution; res	idence before ad
HO	OSPITAL OR ADDRESS OR LOCA	TON IDE	-12/3/69	C. CITY OR TOWN		INSIDE CITY LIN	AITS?
1	NORTH CHARLE	STENE	· P-01	BALTIM		YES -	NO 🗌
4	19 HOSPITAL	421.0	121.0	E. STREET AND NUMBER		ANE	
5.	SEX 6. RACE	7. MARRIED X N	EVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under Months: [1 Yr. If Under
	MALE WHITE	WIDOWED	DIVORCED _	9-1893	76		
	A. USUAL OCCUPATION (Give kind of work to during most of working life, even if retired)			11. BIRTHPLACE (State or	fareign country)	12. CITIZE	N OF WHAT C
1	Jewille .	Bus Driver	-Balto Trn.	MARGLAN 14. MOTHER'S MAIDEN	VP	VS	A.
13.	FATHER'S NAME						
	Howard Lit			Elmira (nandcock		
15. (Yo	Was Deceased Ever in U. S. Armed For s,na or unknown) (If yes, give war or date	cos? 16. S	OCIAL SECURITY NO.	17. INFORMANT			ADDRESS
	Yes W.W. I		13-10-0565	Ofra	petal	plea	rd.
	ANTECEDENT CAUSES		(B)	37	1 500 gg 6 60 m m sk gg 65 6 00 sk 65 50 m sk \$4 50 6 sk sk k k		AA OA OO OO OO OO OO OO
z	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last.	any, giving stating the	(B)	A CONSEQUENCE OF:			
ATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR	any, giving stating the NTRIBUTING HE TERMINAL IT 1 (A).	(c)				
4	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR	any, giving stating the NTRIBUTING HE TERMINAL RT 1 (A).	(c)	A CONSEQUENCE OF:	No) 20B. IF YES, V	VERE FINDINGS (5 CAUSES OF D	CONSIDERED EATH?
AL CERTIFICA	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. I OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PER 21A. ACCIDENT WAS UNDERLYING CONDITIONS CONTRIBUTIONS.	any, giving stating the MTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR WHICH FORMED	(C)		IN CERTIFYING	VERE FINDINGS (G CAUSES OF D	yes
CAL CERTIFICA	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PER 19A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	any, giving stating the NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR WHICH COMMED 21B. PLAC home, for etc.)	(C)H OPERATION CE OF INJURY (e.g., in m, foctory, street, off	or about 21 C. WHERE DIG	IN CERTIFYING		ges
AL CERTIFICA	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PER 19A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	any, giving stating the NTRIBUTING HE TERMINAL IT 1 (A). DITTON FOR WHICH FORMED 218. PLAC home, for etc.)	(C)H OPERATION CE OF INJURY (e.g., in m, foctory, street, off	or about 21 C. WHERE DIG	IN CERTIFYING		ges
CAL CERTIFICA	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PER 19A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) OF INJURY	any, giving stating the NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR WHICH FORMED 21B. PLAC home, for etc., (Hour) 21E. INJU While At Work	(C) H OPERATION CE OF INJURY (e.g., in m, foctory, street, off JRY OCCURRED Nat White At Work	or about 21 C. WHERE DIG	IN CERTIFYING (It in Bo	ltimore City, give	exod lacation)
CAL CERTIFICA	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. I OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (1) (this haspital that (1) (10) last saw the decease	any, giving stating the NTRIBUTING HE TERMINAL (T.) (A). IDITION FOR WHICH FORMED 218. PLAC home, for etc.,	H OPERATION CE OF INJURY (e.g., inm, foctory, street, off URY OCCURRED Nat White At Work ceased from	20A. AUTOPSY (Ye) or about 21C. WHERE DID ice bidg., INJURY OCCUR	IN CERTIFYING (It in Bo INJURY OCCUR? 19ta that in (my) (Sur	ltimore City, give	exod lacation)
CAL CERTIFICA	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PER OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that () (this haspital that (I) (e) last saw the decease and haur and from the causes star	any, giving stating the NTRIBUTING HE TERMINAL (T.) (A). IDITION FOR WHICH FORMED 218. PLAC home, for etc.,	H OPERATION CE OF INJURY (e.g., inm, foctory, street, off URY OCCURRED Nat White At Work ceased from	20A. AUTOPSY (Ye) or about 21C. WHERE DID ice bidg., INJURY OCCUR	IN CERTIFYING (It in Bo INJURY OCCUR? 19ta that in (my) (Sur	ltimore City, give	exod lacation)
CAL CERTIFICA	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. I OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (1) (this haspital that (1) (10) last saw the decease	any, giving stating the NTRIBUTING HE TERMINAL (T.) (A). IDITION FOR WHICH FORMED 218. PLAC home, for etc.,	(C) H OPERATION CE OF INJURY (e.g., inform, foctory, street, offer off	20A. AUTOPSY. (Yes of or about 21C. WHERE DID in 19 19 19 19 19 19 19 19 19 19 19 19 19	IN CERTIFYING (It in Bo INJURY OCCUR? Injury occur? that in (my) (our th.	ltimore City, give	exod lacation)
CAL CERTIFICA	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the abave cause (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (1) (this haspital that (I) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	any, giving stating the NTRIBUTING HE TERMINAL (T.) (A). IDITION FOR WHICH FORMED 218. PLAC home, for etc.,	(C)	20A. AUTOPSY (Yes) of about 21C. WHERE DIGICE bidg., INJURY OCCUR 21F. HOW DID 21F. HOW DID 21F. HOW did and and and adding Med. Director	IN CERTIFYING (It in Bo INJURY OCCUR? 19ta that in (my) (Sur	ltimore City, give	exod lacation)
CAL CERTIFICA	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITION S CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (APPROX.) 22. I certify that (V) (this haspital that (I) (R) last saw the decease and haur and fram the causes star 23A. SIGNATURE	any, giving stating the NTRIBUTING HE TERMINAL (T.) (A). IDITION FOR WHICH FORMED 218. PLAC home, for etc.,	(C)	20A. AUTOPSY (Yes) of about 21C. WHERE DID ice bidg., INJURY OCCUR 21F. HOW DID 21F. HOW DID 30 And Med. Director 30. ADDRESS	IN CERTIFYING (It in Bo INJURY OCCUR? 19 ta that in (my) (our th.	ltimore City, give	export lacation)
MEDICAL CERTIFICA	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. I OTHER SIGNIFICANT CONDITION S CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (V) (this haspital that (I) (R) last saw the decease and haur and from the causes stated 23A. SIGNATURE 23CPHYSICIAN'S NAME (Type) TEOPORO CAR A. BURIAL CREMATION, 124B. DATE	any, giving stating the NTRIBUTING HE TERMINAL LT 1 (A). IDITION FOR WHICH FORMED 218. PLAC home, for etc.) (Hour) 21E. INJU While At Work 1) attended the deceded alive an	(C)	20A. AUTOPSY. (Yes) of or about 21C. WHERE DIE ce bidg., INJURY OCCUR 21F. HOW DID 21F. HOW DID 19 69 and of the dea diding Med. Director Care and Direct	IN CERTIFYING (It in Bo INJURY OCCUR? Injury occur? I that in (my) (our the phys. Stoff Phys.	- 24 - apinlan death 238, DATE	exod lacation) 1969 19 accurred an SIGNED caunty)
MEDICAL CERTIFICA	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (V) (this haspital that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) las	any, giving stating the NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR WHICH Commercial Money, for etc.) (Hour) 21E. INJU While At Work I) attended the deed alive an	H OPERATION CE OF INJURY (e.g., irm, foctory, street, off Mat White At Work Cecased from	20A. AUTOPSY. (Yes) of or about 21C. WHERE DIE ce bidg., INJURY OCCUR 21F. HOW DID 21F. HOW DID 19 69 and of the dea diding Med. Director Care Company Comp	IN CERTIFYING (It in Bo INJURY OCCUR? Injury occur? that in (my) (our th. Shaff Phys.	- 24 - apinlan death 238, DATE	exod lacation) 1969 19 accurred an signed
MEDICAL CERTIFICA	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (V) (this haspital that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) last saw the decease and haur and from the causes stated that (I) (R) las	any, giving stating the NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR WHICH COMMED 21B. PLAC home, for etc.) (Hour) 21E. INJU While At Work I) attended the deed alive an	H OPERATION CE OF INJURY (e.g., irm, foctory, street, off Mat White At Work Cecased from	20A. AUTOPSY. (Yes) of or about 21C. WHERE DIE ce bidg., INJURY OCCUR 21F. HOW DID 21F. HOW DID 19 69 and of the dea diding Med. Director Care Company Comp	IN CERTIFYING (It in Bo INJURY OCCUR? Injury occur? Ithat in (my) (our Ithat in (- 24 - apinlan death 23B, DATE City, tawn, or Carroll (exod lacation) 1769 19 1969 19 1969 1969

12/3/69 - Correction form from funeral director.

Ase

att

1	
	870
contributing termined cau- regular atte ceased prior	1 d
if death rect or (4) Unde was in the dea	1
assistant if the di ny kind; ed death dance on ir final di	1:0
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	AACOLO AL CENTELO AND LA
body ws: (1 s D.O.	7
the shoot was	

	1	V-250 CO 11	BALTIMORE CITY	HEALTH DEPARTMENT	60 44072
	BIR	V-350 69 116	CERTIFICA	TE OF DEATH REG. NO.	69 11672
	1.N (Typ	IAME OF DECEASED PH FREDE	CIEK	2. DATE AND HOUR OF DEA	
	L	I KEDEFICK TIDDE	HH NETHEN		133A 9 - 23 A m.
	"	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	A. STATE B. COUNTY	If institution residence before admission)
	HO	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	ray cano	Burne 520
	IINS	SHIGHON			NSIDE CITY LIMITS?
	2	'outh Biltimore Genera	el Hospital.	E. STREET AND NUMBER	YES NO
;	7	13		12 Georgia	Avenue
3	5. S	MAKI	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	Il Under 1 Yr. Il Under 24 Hrs. Months: Doys Hours Min.
			WED DIVORCED	7/12/03 lost birthdoy 664	
	done	USUAL OCCUPATION (Give kind of work 10B. KIN a during most of working life, even it retired)		11. BIRTHPLACE (Stote or loreign country)	12. CITIZEN OF WHAT COUNTRY?
			Mean Lighe.	Maryland.	u.s.
	13. (FATHER'S NAME	A-A	14. MOTHER'S MAIDEN NAME	
		Hotel F. We	llien	Pauline Krue	ger
	15, \ (Yes	Nos Deceesed Ever in U.S. Armed Forces?	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			214-03-1964-8	Mrs. Morie R Nothers	Some out y A.
;		18.	CAUSE OF DEATH	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
:		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		e Posa Pulum em.	Bolism ?
		(This does not mean the made of dving.	e.g., (A) IMMEDIATE CAU	SE 1089. Ithen em.	Oolish !
		heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)	ose,	Poss. MI.	•
		ANTECEDENT CAUSES	453		
		DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	7
		nise to the above cause (A) stoting UNDERLYING CONDITION last.	(c)	Poss CA dige.	?
		11	\0/	***************************************	***************************************
	ION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG		
	CAI	DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	120A A1170Beve (V N) 000 10 10	
	CERTIFICATION	WAS PERFORMED	- WHICH OFERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
	- 1	21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID ## In Rolling	nore City, give exact location)
	5	DEATH (notify medical examine)	home, form, foctory, street, alfi	ice bidg. INJURY OCCUR?	
	0	21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	-> 1	(APPROX)	While At Not While At Work		
		22. I certify that (1) (this hospital) attended		11 1/2 19/9 to	11/22 1969
	- 1	that (1) (we) lost saw the deceased alive	4 . 4		plnian death occurred an the date
	,	and hour and fram the couses stated above	e. (1) (We) (did) (did nat) vi	ew the bady after death.	
		23A. SIGNATURE	1		23 B. DATE SIGNED
		(Mut tay à dans al	M.D. Atten		11/22/69
		23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS	
		DR. FARAINO	M-D DEGREE		
	24A.	BURIAL CREMATION, 248. DATE 246 REMOVAL (Specify)	C. NAME OF CEMETERY OF CREA	MATORY 24D. LOCATION	City, lown, or county) (Stole)
	B	unial 25 NOV 1969 (Ven Haven Mamori	IR Ron BURNIE	ma.
	25A.	DATE REC'D BY HEALTH DEPT. 258 NAN	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
1	ĮŪ,	V 7.5 1369	- C O O O	AKO Singleton /60	nBuevier, md.
	7 J	AA-UP 44 14 14 AB			

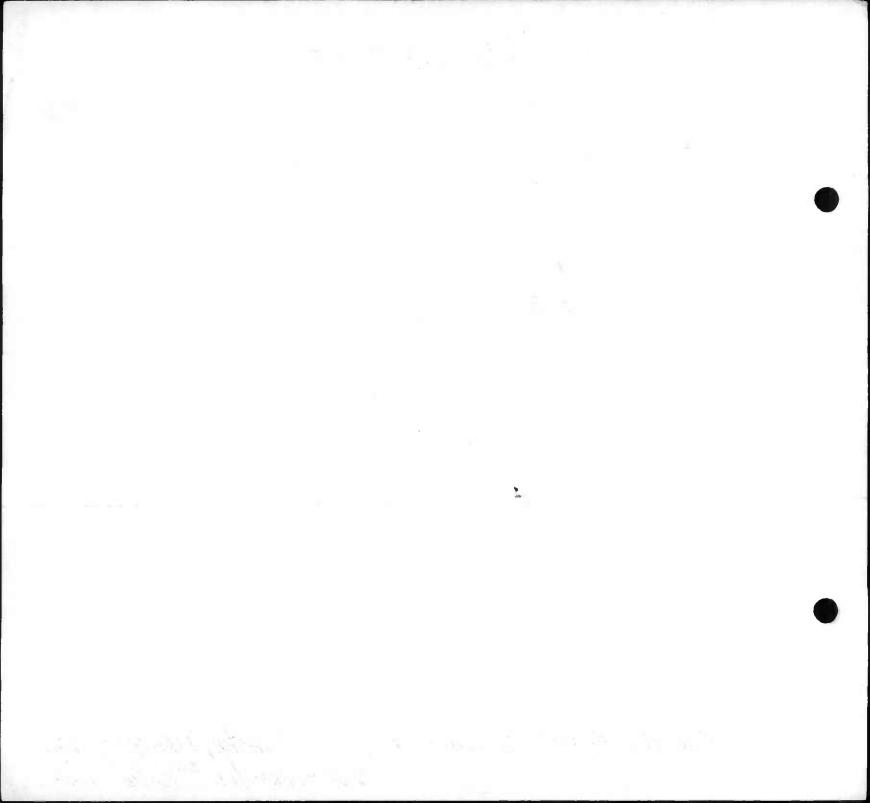
All Linear March 1984 II and 1984

the state of the s

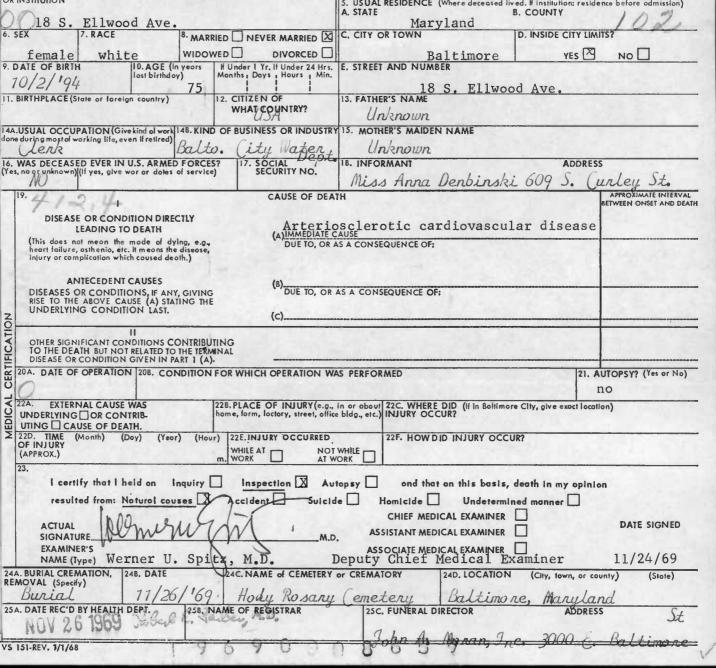
FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

15	T-550				HEALTH DEPARTMENT		69 11673
BI	RTH NO.	6	9.116	73CERTIFICA	TE OF DEATH	REG. NO.	-
11.1	NAME OF DEC		0000 (In Spah) 7		AND HOUR OF DEATH	~
	Ť		seil.	र द्वाप	16	123/69	1250 PM
3.	PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE 8. COL	here deceased lived. If in: UNTY	stitution: residence before admission)
H	JLL NAME OF OSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	md.		26.36
IN	STITUTION	Cauch Hou			C. CITY OR TOWN		DE CITY LIMITS?
	35	Balkune 1		21231.	E. STREET AND NUMBER		YES NO
		Output !		,	1439 BON	ISAL ST.	21224
5.	SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
100	JY I	W	WIDOWED	DIVORCED DIVORCED DIVORCED	2/4/85	84.	
dar	ne during most of	working life, even it retired)	1 1/2 8		11. BIRTHPLACE (Stote or fo	preign country!	12. CITIZEN OF WHAT COUNTRY
	FATHER'S NAI	ich maken.	INDIL	5tR)	TTALY		USA.
'	LOWL		Sala	/	14. MOTHER'S MAIDEN N		
15		Ever (n U. S. Armed For			ON MANON	1 h .	
(Ye	s, no or unknown)	(II yes, give war or dote	s of service)	SECURITY NO.	17. INFORMANT		ADDRESS
_	NO	NON	C	195-05-2925	H? Norma HAP	iris - 1439	Brusel Sheel
	18. 4 / L	I		CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
		E OR CONDITION DIF LEADING TO DEATH	RECTLY		PA	O.d.	1, 1,
	(This does n	of mean the mode of asthenia, etc. If means	dying, e.g.,	DUE TO, OR AS	SE Pulmonary A CONSEQUENCE OF:	Occurs due	1 Hour
		plicotion which caused		to And	enorclerone hou	I disease will	documentes
		ANTECEDENT CAUSES		(B) atreal	Riguelation . a	syene Kort fact	are for 5 year.
1	DISEASES O	R CONDITIONS, if above cause (A)	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	************************	***************************************
		CONDITION last.	siding the	(c)	***************	**********************	
Z		- 11			· · · · · · · · · · · · · · · · · · ·		
ATION	TO THE DEAT	CANT CONDITIONS COL	E TERMINAL				
<u>S</u>	19A. DATE OF	OPERATION 198 CON	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes of	No) 208, IF YES, WERE F	INDINGS CONSIDERED
CERTIFIC	0	WAS PERF	ORMED			IN CERTIFYING CAU	ISES OF DEATH?
11	21A, ACCIDEN OR CONTRIBU	TING CAUSE OF	21 B. hom	e, lorm, foctory, street, of	or obout 21 C. WHERE DID	(Il In Boltimore	City, give exact location)
2		medicol exomined	etc.)				
MEDICAL	OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED Not While	21F. HOW DID IN	NJURY OCCUR?	
	(APPROX.)		Wor	k L At Work	\Box		4
				e deceased from		19 G9 to 11	23 1969
		last saw the decease		,			on death accurred on the date
	and haur and	from the causes stat	ed obove. (I)) (346) (did) (did hat) v	ew the body after deoth		
	23A. SIGNATO		7	Atte	iding [7] Med.	1.710.00	23B. DATE SIGNED
	23C, PHYSICIA	fre eccare			Med. Director D	Staff Phys.	11/23/69
	23C. PHYSICIA NAME (Ty	pel Vose M	ARTI	INEZ HO	Medical Orts (auldur - Bo	alh 21201,
24/	BURIAL CREA	MATION, 248. DATE	24C.NA	DEGREE OF CRE			(stote)
	BINOVAL IS	pecify) /// 9[/6	9 5/1	11 chaple onto	000	1/2 - 1	My Man Ct. Da
25A	A DATE REC'D	BY HEALTH DEPT.	25B, NAME O	F REGISTRAR	25C. FUNERAL DIRECTO	MESTER, IN	ADDRESS L
	NOV 2C	1000 22 40	180	2000	STOPH ATTINO	AN INA 3000	78. 00/10. mil.
VS	150-REV. 17176	81303	WIELEN	A CONTRACTOR OF THE PARTY OF TH	ACTIVITY TO THE	-w fre.	SET/161 //67.



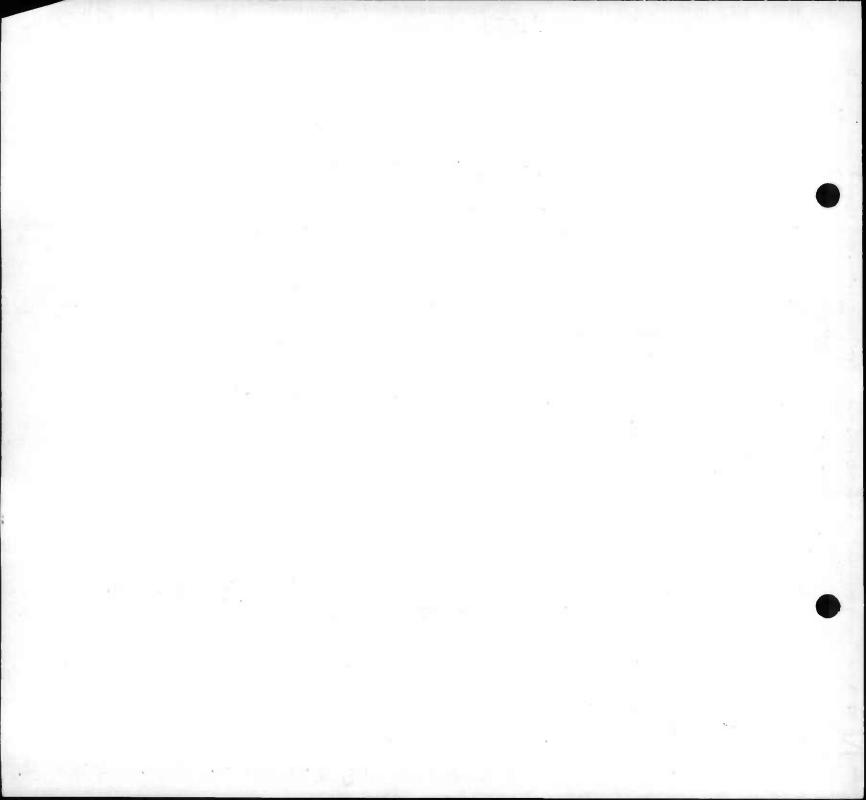
69 11674 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO. 1. NAME OF DECEASED Known 🕱 2. DATE Month Hour (Type or Print) OF Lillian Dembinski Estimoted DEATH M. 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE 3 Month Doy Yeor Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 23 69 4:28 ADDRESS OR LOCATION) HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY 18 S. Ellwood Ave. Maryland 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS 6. SEX 8. MARRIED NEVER MARRIED WIDOWED [YES X female white DIVORCED L NO Baltimore 9. DATE OF BIRTH H Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 10. AGE (In years lost birthdov) Months | Doys | Hours | Min. 10/2/194 18 S. Ellwood Ave 12. CITIZEN OF 11. BIRTHPLACE (State or foreign country) 13. FATHER'S NAME WHAT COUNTRY? Unknown 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even If retired) Unknown Lenk Balto. ity Water 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. INFORMANT 17. SOCIAL ADDRESS SECURITY NO. (Yes, na grunknown) (If yes, give wor or doles of service) Miss Anna Denbinski 609 urley St. APPROXIMATE INTERVAL CAUSE OF DEATH 19. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease LEADING TO DEATH (This does not mean the mode of dylng, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenio, etc. It meons the disease, injury or complication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c). 20 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED CERT 21. AUTOPSY? (Yes or No) **₹** 22A. 228. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If In Boltimore City, give exect location) home, form, loctory, street, office bldg., etc.) INJURY OCCUR? EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Yeor) (Hour) OF INJURY WHILE AT NOT WHILE (APPROX.) WORK AT WORK 23. I certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death in my opinion Homicide



A sea Scherconski after stales

15 T d 1 T T T
written approval must be obtained before the remains are embalmed or final disposition is made.
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
This certificate must be approved by the chief medical examiner or his assistant it dearn occurred in a nospiral and

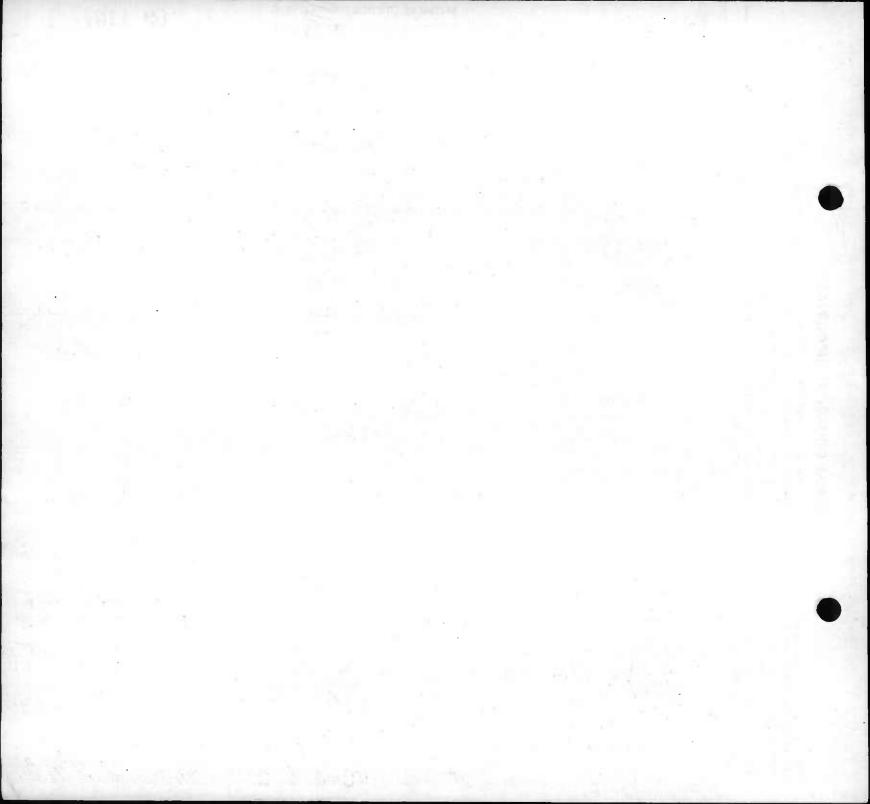
BALTIMORE CITY	TE OF DEATH X REG. NO. 69 11675
K-263 69 11675 CERTIFICA	TE OF DEATH
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
WILMITH KATHERINE REICHERT	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND Harford 6200
INSTITUTION KEY CIRCLE HOSPICE	C. CITY OR TOWN D. INSIDE CITY LIMITS?
SA 2214 EUTAW PLACE	E. STREET AND NUMBER
BAITIMORE, MARYIAND-2202	1111 P 116 1 - 15
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
F WhITE WIDOWED DIVORCED	9/2/1894 lost birthdoy Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work IOB, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	
FACTORY WORKER	MARYLAND 2.5.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Phe Bus	MARCY KIMBAII
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
220-30-5050	MRS, MARY RASNAKE - 1604 BUILSLANE
18. CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	IISE A.S. H. D
(This daes not meen the made of dying, e.g., (A) IMMEDIATE CA DUE TO, OR AS	A CONSEQUENCE OF:
heart failure, asthenia, etc. It meons the disease, injury ar complication which coused death.)	
ANTECEDENT CAUSES Des	etes mellitus.
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	S A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last.	
II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g.,	IN CERTIFYING CAUSES OF DEATH?
218. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, farm, foctory, street, of DEATH (notify medical examiner)	omice blogs, INJORT OCCOR:
OF IN HIPY	21F. HOW DID INJURY OCCUR?
S OF INJURY While At Nat Whi At Work At Work At Work	
22. 1 certify that (1) (this haspital) attended the deceased fram	IN. 17- 1969 to NOV. ZX 1969.
that (I) (we) last saw the deceased alive an NN . 17	19.6.9 and that in(my) (aur) apinian death accurred an the date
and have and from the causes stated above. (1) (We) (did) (did not)	view the bady after death.
23A. SIGNATURE	23B. DATE SIGNED
m. O. DEGREE	rending Med. Staff Nw. 2x-69
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
ternoundo B. Julias M.D. DEGREE	54281/2 Succesiv LA Bosto, mol.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CF	
Burial 11/26. 69 Gardens of Fa	ith Cemetery Baltimore, Haryland
NOV 26 1969 4. Selection and the second seco	John A. Monan, Inc. 3000 E. Valtimore St.
THE PARTY OF THE P	Thomas de Manager 1.0 Dillis A. I.



BALTIMORE CI	TY HEALTH DEPARTMENT V 69 11676			
D-560 69 11676 CERTIFIC	ATE OF DEATH REG. NO.			
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH			
(Type or Print)				
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD	11-34-64 GAM M. 14. USUAL RESIDENCE (Where deceased lived, If institutions residence before admission)			
	A. STATE B. COUNTY			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET	idd AA 5200			
SOUTH BALTIMORE GENERAL MOSFITAL	C. CITY OR TOWN D. INSIDE CITY LIMITS?			
3041 SHAND VERST.	E. STREET AND NUMBER			
BALTO, Md. 31230				
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	SO 4+h AVE S.W. Under 1 Yr. If Under 24 Hrs.			
WIDOWED DIVORCED	6-15-967 last birthday Months Days Hours Min.			
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
PIPESITIER (RET.) IN DRY DOCK	MARYLAND USA			
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME			
Albert Divine	r-/ ~ 1/ °			
15. Wes Deceased Eyer in U. S. Armed Ferces? 16. SOCIAL	FLORA MAC HARRISON			
(1 es, ne or unknown) (II yes, give wor er doles of service) SECURITY NO.	IN-INFORMANT WISE ADDRESS SAME			
YES WWI 2 20-10-5	715 MIKS ELISTA / JANNER - AS# 4			
18. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	2 .			
(This does not mean the mode of dving e.g. (A)IMMEDIATE CA				
hearl failure, asthenia, etc. It means the disease, injury or complication which caused death.)	S A CONSEQUENCE OF:			
	obstructive			
ANTECEDENT CAUSES (B) throw				
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:			
UNDERLYING CONDITION last (C)				
- 11				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ITO THE DEATH BUT NOT RELATED TO THE TERMINAL O DISEASE OR CONDITION GIVEN IN PART 1 (A)				

19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A- AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
U 21A, ACCIDENT WAS INDERLYING TO 121B BLACE OF INVIOLEN				
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, factory, street, of DEATH (notify medical examine)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR? (II In Boltimare City, give exact location)			
O P				
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
(APPROX.) While At Not Whi				
22. 1 certify that (1) (this hospital) attended the deceased from	Nov. 21 1969 to NOV. 24 1969			
that (i) (we) last sow the deceased alive on NOV 24	19 69 ond that In(my) (our) opinion death occurred on the date			
ond hour and from the couses stated above. (1) (We) (dld) (dld not)	the date			
23A. SIGNATURE				
Copplia O Valores Tomore MDAH	ending Med. Staff C			
23 C. PHYSICIAN'S	15. Director Director Phys. 4 1/1/24 - 67			
NAME (Type)	23 D. ADDRESS			
24A. RUBIAL CREMATION IN DATE DO NAME OF THE SOUTH BALTIMORE GENERAL HOSPITAL				
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)				
BURIAL 11-26-69 Loudan PARK Cemetry BALTIMORE Md.				
25A. DATE REC'D BY HEALTH DEPT. 230 NAME OF REGISTRAR 25C FUNERAL DIRECTOR SINGLETON & ADDRESS ADDRESS ADDRESS				
NUV ZO ISOS COCOS	A fortile Chen Burnie mo			

0 110	BALTIMORE CITY	HEALTH DEPARTMENT	60	44007
#-/63 69 11	677 CERTIFICA	TE OF DEATH	REG. NO.	119//
1. NAME OF DECEASED (Type or Print) HARRY F.	Roberts		HOUR OF DEATH	8,30Am.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where of A. STATE B. COUNTY	deceased tived. If institution	residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CIT	_ / _
		E. STREET AND NUMBER	PE YES	NO L
Goulds ConveLSARI	m	4520 WAKE	ofield K	4
5. SEX 6. RACE 7. MARK	NEVER MARRIED	B. DATE OF BIRTH	t birthdoy) Mont	nder 1 Yr. If Under 24 Hrs. hs: Doys Hours Min.
MALE WINTE WIDOW		11-16-1881	82	
10A. USUAL OCCUPATION (Give kind of work 10B. KIN)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country) 12. C	CITIZEN OF WHAT COUNTRY?
SALESMAN		BALto, M	d	USA
13. FATHER'S NAME	7 /	14. MOTHER'S MAIDEN NAME	/	
	abouts	Unikara	ww	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	<i>Q10</i>	ADDRESS
(Yes,na or unknown) (If yes, give war ar dotes of serv	3 -03 -4543	-George IsAI	AC-34 KIN	asley Rd
18. 4 12 4	CAUSE OF DEAT	H OWINGS M	1115 #21117	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	CIII	111		121.
LEADING TO DEATH (This does not meon the mode of dying,	e.g., (A) IN MERITAGE CALL	A CONSEQUENCE OF:	umonia	Laly
heart failure, osthenio, etc. It means the dise	ase,	A CONSEQUENCE OF:		
injury or complication which caused death.)	Mito	- 1 As	8 / de ine	1/5 111
ANTECEDENT CAUSES	(B) (C) (B)	rescense	Vacculase	13740
DISEASES OR CONDITIONS, if any, gi		A CONSEQUENCE OF	0. 1	0
UNDERLYING CONDITION lost.	(c) Seyp	nerax_vasau	av aisiare	
11	D 2			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMI		1 MAINIAM		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes or No)	208 IF VEC WERE EINIDIA	IGS CONSIDERED
19A. DATE OF OPERATION WAS PERFORMED	OK WHICH OPERATION	ZUM. AUTOPSTY (Tes of No.)	20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES	OF DEATH?
U 21A, ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	in ar about 21 C. WHERE DID	(If in Boltimore City,	give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, form, factory, street, a	ffice bldg., INJURY OCCUR?	in an Sommon City,	g o onos to continu
D 21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJUS	RY OCCUR?	
OF INJURY (APPROX.)	While At Work At Work		\sim	10
		Oct 30 19	69. MAT	24 10/04
22. I certify that (I) (this hespital) attend	/han ~ n	70		In all a service to the last
that (1) (we) lost sow the deceased alive		/ /	in(my) (opinion	death occurred on the dote
ond hour and from the couses stoted obov	ve. (I) (Wa) (did) (did not)	view ^f the body ofter deoth.	1-0	DATE SIGNED
23A. SIGNATURE	01000	ending Med. St	1	PATE SIGNED 5 1969
1 X VICHarl	Something Phy	ys. Director L Pt	raff nys.	A M (110)
23C PHYSICIAN'S	110	23D. ADDRESS	0 ND ((Balliman)
H.V. HARB	OLD Milden	4106 Harf	cord soud	2/2/4
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CR	REMATORY 24D. VOC	CATION (City, tov	vn, ar county) (State)
Bupial 11-091-19	WoodLAUSN 1	emetery B	ALto. M.	1
25A. DATE REC'D BY HEALTH DEPT. 258-NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	11	4/ADPRASS heat
MOV 26 1969 36 4 4	Sev, They	ARMACOST FUNC	eral Chapel-	Hapte, Augl.
VS 150-REV. 1/1/6B	0 7 4	10 0 0 4		The Harrison



69 11678 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE Known Month Yeor (Type or Print) OF Gregory Maier Estimoted DEATH M. 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Doy Yeor Hour FULL NAME OF PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 11 23 69 HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY St. Agnes Hospital Maryland 6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS? ELKRIDGE male white WIDOWED -DIVORCED No X YES 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, It Under 24 Hrs. E. STREET AND NUMBER lost birthdoy) Months Doys Hours Min. June 21, 1951 1.8 5720 Lawyers Hill Rd. 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY A. Maryland Joseph G. Maier 14A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) P/T Clerk-Student Ruth C. Curtis Safeway Stores 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS (Yes, no or unknown) (if yes, give wor or dotes of service) 217-58-1468 Ruth C. Maier 5720 Lawyers Hill Rd., Elkridge No APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE Fracture of cervical spine (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury or complication which coused death.) **ANTECEDENT CAUSES** (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c). 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION |208. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22A. 228. PLACE OF INJURY (e.g., In or obout 22C. WHERE DID (if in Boltimore City, give exoct locotion) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? EXTERNAL CAUSE WAS UNDERLYING DOR CONTRIB-UTING CAUSE OF DEATH. street Lawyers Hill Rd. near Montgomery Rd. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE (APPROX.) AT WORK driver of motorcycle which struck pole WORK 23. I certify that I held an Inquiry Inspection X Autopsy and that on this basis, death in my opinion Accident X resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE M.D. **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER NAME (Type)

Deputy Chief Medical Examiner

25C. FUNERAL DIRECTOR

24D, LOCATION

Dorsev

(City, town, or county)

ADDRESS

Howard

Howard H. Hubbard 4107 Wilkens Ave. 21229

(Stote)

Maryland

Werner U. Switz,

248. DATE

11-26-69

24A. BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPI.

REMOVAL (Specify) Burial

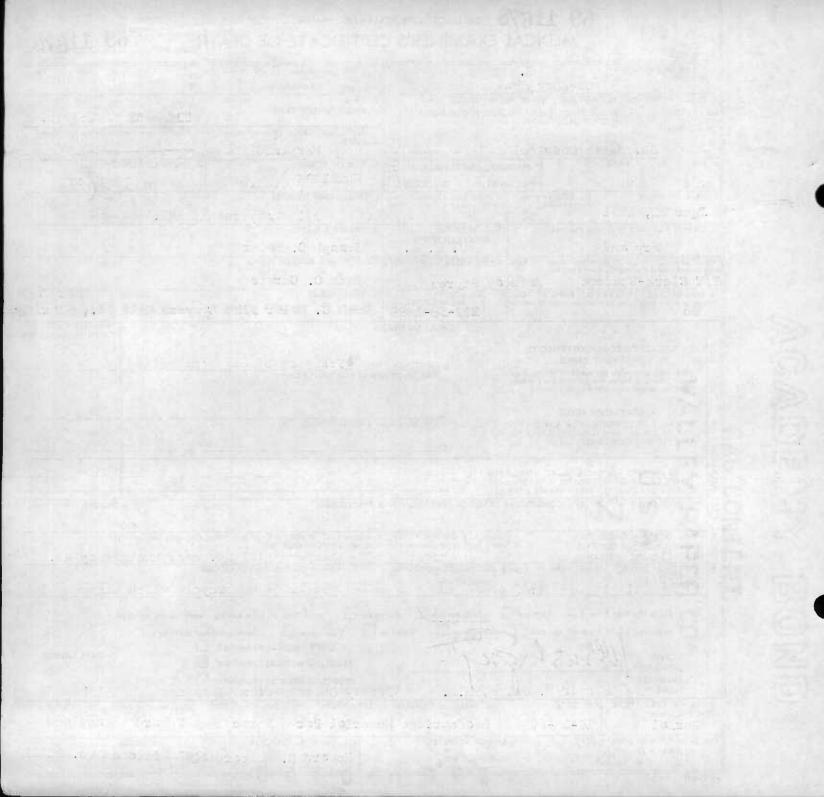
VS 151-REV. 1/1/68

M.D.

258. NAME OF REGISTRAR

24C. NAME of CEMETERY or CREMATORY

Meadowridge Memorial Park



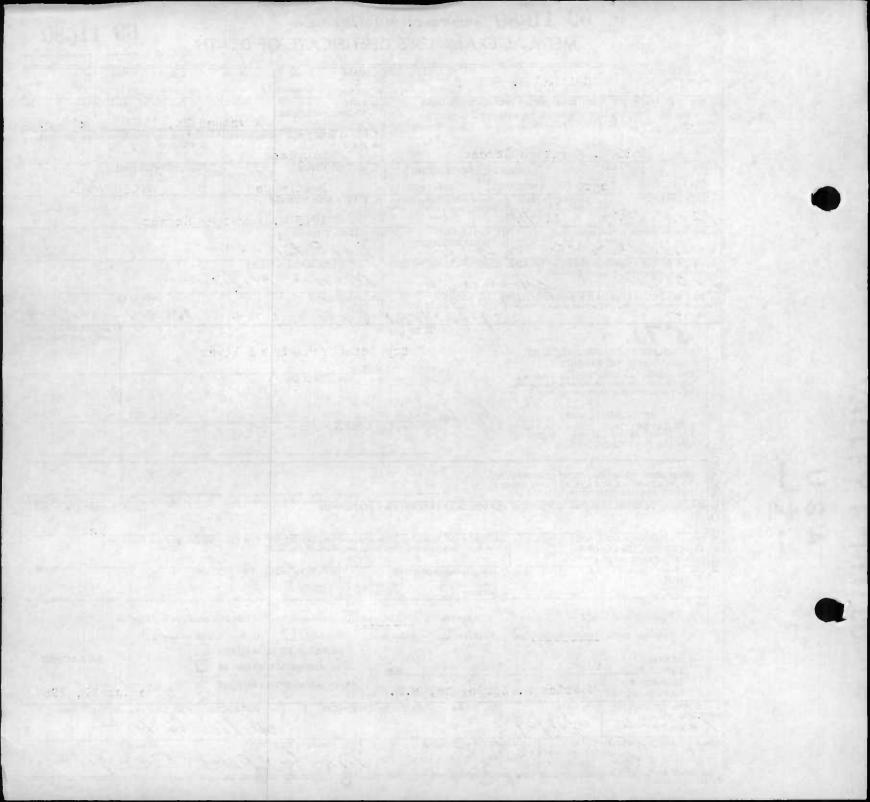
VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT					
69 11679 CER	RTIFICAT	TE OF DEATH	REG. NO	69 11679	
BIRTH NO.	CTIT TO, CI	2. DATE AND H	OUR OF BEATH	1969	
(Type or Print) GEORGINE PAHERS		NOVE	neer 20	/ 10	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEA		4. USUAL RESIDENCE (Where de-	ceosed lived, If instit	tution: residence before odmission)	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D INICIPE	CITY MAATES	
HARBOR VIEW NURSING	ANd	C.CITY OR TOWN BALT, MORE D. INSIDE CITY LAMITS? YES P NO			
OCONUALES CENT CENTE	R	E. STREET AND NUMBER	/		
		1046 N. DURHAM STREET			
FEMALE COLORED WIDOWED DIN	MARRIED	9/18/96	GE (In years birthday)	If Under 1 Yr. If Under 24 Hrs. Aonths: Doys Hours Min.	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS (done during most of working life, even if retired)	OR INDUSTRY	1. BIRTHPLACE (Stote or foreign co	bunhy,	12. CITIZEN OF WHAT COUNTRY?	
5ALAA-MAKER 13. FATHER'S NAME		MARYLANA		21.5.	
est.		4. MOTHER'S MAIDEN NAME			
GEORGE WASHINGTON		EMMA TAYLOR			
	L ITY NO. 14-9472	7. INFORMANT		ADDRESS	
	SE OF DEATH	•		APPROXIMATE INTERVAL	
DISEASE OR CONDITION DIRECTLY	17	05 110	1	BETWEEN ONSET AND DEATH	
	IMMEDIATE CAUS		ferense	leroses years.	
heort failure, asthenia, etc. It means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:			
injury ar complication which caused death.)	1.	stine Har	+//		
ANTECEDENT CAUSES (B)	OUE TO OR ASS	CONSEQUENCE OF:	facel	in	
rise to the abave cause (A) stoting the	70E 10, 0K AP	TO NOTE OF COLUMN	<i>(</i>		
UNDERLYING CONDITION last. (C)			*****		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
U 19A DATE OF OPERATION 119B CONDITION FOR WHICH OPE	RATION	20 A. AUTOPSY? (Yes or Not 20	B. IF YES, WERE FIN	DINGS CONSIDERED	
	151111897	/			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF home, farm, fac etc.)	ctory, street, offi	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(It in Boltimore C	City, give exoct tocotion)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY O		21F. HOW DID INJURY	OCCUR?		
(APPROX.) While At Work	Not While At Work	,□			
22. I certify that (1) (this hospital) attended the decease	ed from	mil 27 19 (59 to 120	2 26 1969.	
that (Www lost sow the deceased alive on	_		(pry) (our) opinio	on deoth occurred on the dote	
and hour and from the couses stated above. (1) (We) (did	d) (di d not) vi	ew the body ofter deoth.		- DATE CONTEN	
23A. SIGNATÜRE 23B. DATE SIGNED Attending Med. Shoff					
23C, PHYSICIAN'S	GEGREE Phys.	Director Phys		101 10,0869	
NAME (Type ALF WIZOM	V3 MO	12/3 Light	, If		
24A. BURIAL CREMATION, 24B. DATE , 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)					
Bureal 18/29/69 antulus men. PK antulus, mis					
NOV 28 1969 26 E. Jaker M.	AR D,	250 FUNERAL DIRECTOR	Lock S	ADDRESS Cahell	
VS 150-REV. 1/1/6B	1) U	0 0 0 0	1	- Corgres	

Br

69 11680 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH BIRTH NC I. NAME OF DECEASED 2. DATE Known Month Day Year CHARLES D. BROOKS OF Estimoted DEATH DATE Month Dov Year PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET November 26, 1969 ADDRESS OR LOCATION) A. STATE B. COUNTY 1615 W. Saratoga Street Maryland 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS? B. MARRIED NEVER MARRIED Male Negro WIDOWED DIVORCED __ Baltimore YES X 10. AGE (III) If Under 1 Yr. II Under 24 Hrs. Months | Doys | Hours | Min. 10. AGE (In years E. STREET AND NUMBER 1615 W. Saratoga Street 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? OUE ISNOURS MUI/18 MILLEN HOMICAL WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. 18. INFORMANT s, no ar unknown) (if yes, give wor or doies of service) 2-382 CAUSE OF DEATH Fatty metamorphosis of liver DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c)_ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION | 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (if in Boltimore City, give exact location) home, form, foctory, sireet, office bldg., etc.) INJURY OCCUR? UNDERLYING TOR CONTRIB-UTING CAUSE OF DEATH.

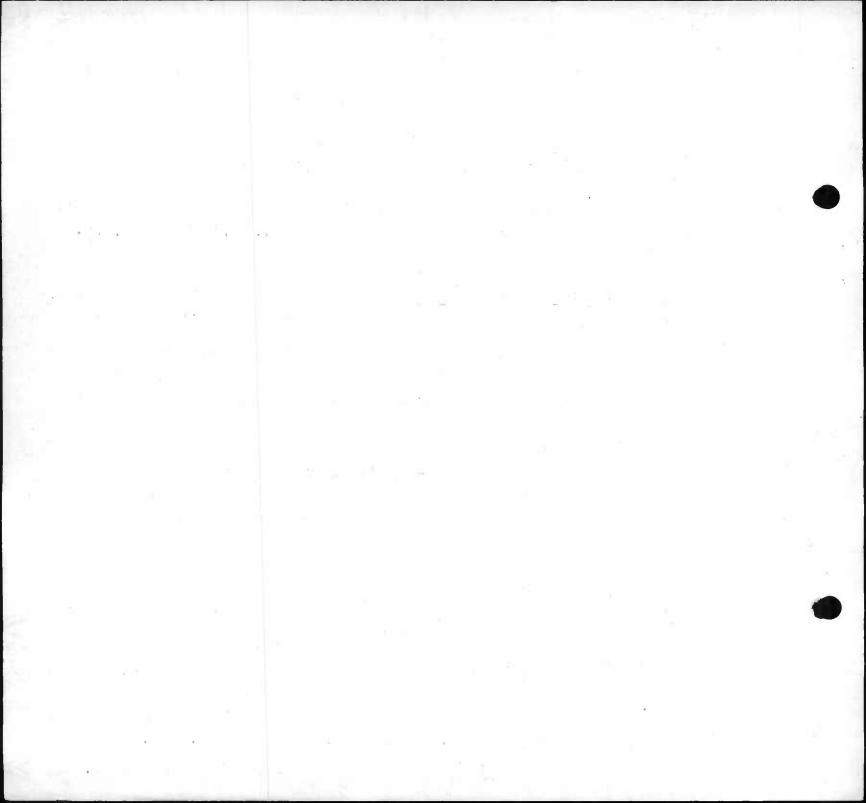
Hour (Type ar Print) 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Hour FULL NAME OF HOSPITAL 4:00 OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. # institution: residence before admission) 6. SEX NO 9. DATE OF BIRTH 11. BIRTHPLACE (State or foreign country) inskon Co. N.C. 4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S MAIDEN NAME don during most of working life, even il retired) LOZUNDS 316 N. FULTONI APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH CERTI 21. AUTOPSY? (Yes or No) Z 22A. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY m. WHILE AT NOT WHILE (APPROX.) 23. I certify that I held on Inquiry Inspection __ Autopsy X ond that on this basis, death in my opinion resulted from: Noturol couses X Accident Suicide Homicide ___ Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE. **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER Charles S. Springate, M.D. November 27, 1969 NAME (Type) 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Wilson W. N. mount 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR 25B NAME OF REGISTRAR ADDRESS Jaber M.D. VS 151-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
--

2	5-540	69	11681		HEALTH DEPARTMENT OF DEAT	•	69 11681	
17.	IRTH NO.			GERTIN CO.		TE AND HOUR OF DEAT	<u> </u>	
	Type or Printl	John E.	Schar	nm e /		11-22 -69		
3	PLACE IN BALTIA	ORE MARYLAND, W	HERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE		institution: residence before edmissio	u)
11 1	FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION	ON, GIVE STREET	R	nore	ISIDE CITY LIMITS?	_
	37	Merc	/		E. STREET AND NUM	land.	YES NO NO	-
5.	SEX 6.	RACE	7. MADDIED [2]	NEVER MARRIED	8. DATE OF BIRTH	9. AGP (in yours	* /	=
	m	W	WIDOWED	DIVORCED	7-22-1	9 lost birthdoy	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.	s.
10	A. USUAL OCCUPA	TION (Give kind of work			11. BIRTHPLACE (Stote	or foreign country!	12. CITIZEN OF WHAT COUNTS	RY?
118	Elevato	king life, even if retired)	Gil-Bay	me Construction	BOIT)		
13	FATHER'S NAME	- P	411 000	Ca,	14. MOTHER'S MAIDE	N NAME	U.S.A.	
	Georg	e Sch	ramm	e /	11.	+	Maria Tax	
15 (Y	Was Deserred II.	er in U. S. Armod Forc yes, give wer or dotes	es? 16.	SOCIAL SECURITY NO.	17. INFORMANT	10000).	ADDRESS	_
	Yes	MIN II		17-01-8945	Bernice M	Solar 1-	3725 Evergreen A	
	1B. ////	91	15%	CAUSE OF DEATH		· Jchammel -;	APPROXIMATE INTERVAL	<u>'A</u> 6
		OR CONDITION DIR	ECTLY		A. V	1/2. 0	BETWEEN ONSET AND DEAT	/H
	(This does not	ADING TO DEATH mean the mode of	dving, e.a.	(A) IMMEDIATE CAU		prince_ke	yerak	
	hearl foilure, ost	henia, elc. Il meons calion which coused	the disease	My	CONSEQUENCE OF	inhrictie	771	
	91	ECEDENT CAUSES		110/	ASP	1/ 1/2		
	DISEASES OR	CONDITIONS, if .	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
	inse to the C	bove cause (A)	stoting the	(c)				
$\ $ _		11		(0)		******************		
NO	OTHER SIGNIFICA	NT CONDITIONS CON	TRIBUTING					
CA	DISEASE OR CON	ERATION TO COND	1 (A).	H OPERATION	20A. AUTOPSX? Wes	or Nell 208 IE was ween	Thinks coursells	_
CERTIFICATION	0	WAS PERFO	RMED		NO	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?	
4	OR CONTRIBUTION DEATH (notify me	WAS UNDERLYING CAUSE OF	121 B. PLA home, fo	CE OF INJURY (e.g., in form, foctory, street, off	or obout 21C. WHERE D	DID (If In Boltimo	ore City, give exect location)	_
MEDI	21D. TIME (M	ionth) (Doyl (Yeor)		URY OCCURRED		D INJURY OCCUR?		_
^	(APPROXI		While A Work	Not While		<i>c</i> ==		
22. I certify that (I) (this hospital) attended the deceased from 1-18-67-19 to 19 that (I) (we) last saw the deceased alive on 19-28-19-69 and that in (my) (our) opinion death occur						1-22 19 65	7	
							le	
	and haur and fre	om the causes state	d abaye. (I) (W	e) (did) (did not) vi	ew the body after de	ath.		
23A. SIGNATURE						/	23B, DATE SIGNED	-
	23C. PHYSICIAN'S	1 000	laen	DEGREE Phys.	Director L	Shaff Phys.	11-22-69	
	23C. PHYSICIAN'S NAME (Type)	holothing	nid 6	1/2/	3D. ADDRESS	nd Wash	RODE WA LIG	2
24	A. BURIAL CREMAT	TION, 24B. DATE	24C. NAME	of CEMETERY OF CREA	MATORY 124	1001/ £	sacio in A	
	REMOVAL (Spec	ify)	0 R 14	1 1 A	1 0	0 11	City, town, or county) (State)	
25.	A. DATE REC'D BY		38. NAME OF ME	GISTRAR WAT	25C. FUNERAL DIRE	Balto, 1	ADDRESS	_
I	10V 28 196	9 Though E	Jacken, Mil	9 6 0	1.78 . 6C 6	Maller Inc.	- 6415 Rolain A	21
VS.	150-REV. 1/1/68		- V		THE IT WAS	7 PF [7 -7	viio joejair i	704

1	5-530 69 11682 CERTIFICA	HEALTH DEPARTMENT REG. NO. 69	11682
and eath ased the Such	BIRTH NO. 1. NAME OF DECEASED	12. DATE AND HOUR OF DEATH	
_ 70 0 C	(Type or Print) SMITH, Cleophas	November 23, 1969	12:15 A M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY	sidence before admission)
hos use (5) dand	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	Maryland c. CITY OR TOWN D. INSIDE CITY (I)	60 / MITS?
ca Lise en to	Veterans Administration Hospital	Baltimore YES X	NO 🗌
ing ing Ca at or	3900 Loch Raven Boulevard Baltimore, Maryland 21218	915 Arlington Ave	
ad a b	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under Months)	1 Yr. , If Under 24 Hrs. Doys Hours Min.
occur ontrib ermin regul ased is ma	Male Negro WIDOWED DIVORCED DI	9/4/95 74	EN OF WHAT COUNTRY?
ath in redece	done during most of working life, even if refired) Construction		S.A.
de Un us as e	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
directly (4)	Fred Smith	Blanche Smith	
istar he d kind deat deat ce o nal	15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 1707 18 19 19 19 19 19 19 19	Veterans Administration Hospit	
F - 700.	18. 2114. 9 CAUSE OF DEATH	3900 Loch Raven Blvd., Baltimo	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
den fo	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ISE Acute Myocardial Infarction	
r or l	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:	W & W & W & W & W & W & W & W & W & W &
ner act pr pr ula	injury ar camplication which caused death.)	ine Heart Failure	
ami A fr vho reg	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	ive Heart Failure A CONSEQUENCE OF:	
ex (3) in	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)		
ical rns; rns; sicic was mair	z II		
med med bu phy an	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	ic Gastric Vlceration	
by a r 2) Body re the p physici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D	CONSIDERED DEATH?
the call by (2) B ere to phy efore	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY(e.g., in home, form, factory, street, of	YES n or obout 21C. WHERE DID ffice bldm. INJURY OCCUR?	exact lacation)
ital ital Vhe No No	DEATH (notify medical examiner) etc.)		
ed b losp atur pt v (6) ned	OF INJURY (APPROX.) (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED While At Not While	21F. HOW DID INJURY OCCUR?	
S = X X E 4	22. 1 certify that (1) (this haspital) attended the deceased fram		er 23 th 9 69
G = = 0	that (V (we) last saw the deceased alive an November 23r		
sed to sed to int of a ipital (eath); ust be	and haur and from the causes stated abave. (1) (We) (did) (fill her) v		E SIGNED
de d		P - W - C #	ember 24, 196
reliant acci	GEGREE	23D. ADDRESS 3900 Loch Raven Bouleva	
ficate was r A at a prior	MARK B. ORRINGER MD GEGREE	Baltimore. Maryland 212	18
certificat body was ws: (1) An D.O.A. at eased pric	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE REMOVAL (Specify) Burial 11-26-69 Balto. Nat 11.		r county) (Stote)
	Burial 11-26-69 Balto. Nat'l.	25C. FUNERAL DIRECTOR V.R. Bailey	ADDRESS
This the back was dece	NOV 28 1969 2 En Taylor M. D.	Kelson F.H. 1348 Calhoun	St.
1.1	VS 150-REV. 1/1/6B		

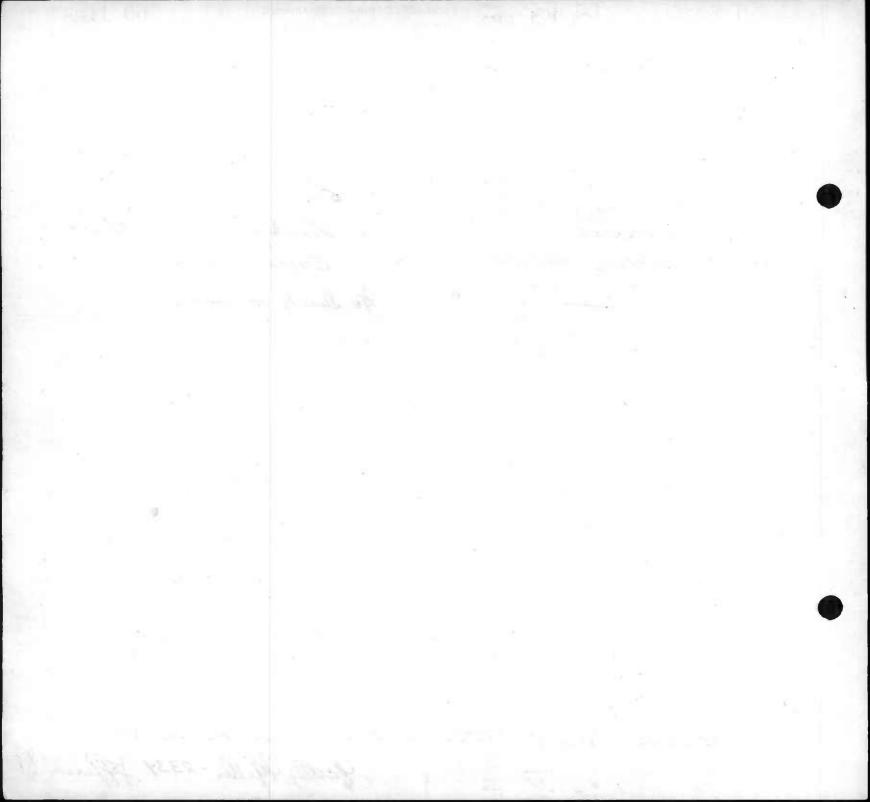


D-6/6 69 11683 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 6	9 11683						
I. NAME OF DECEASED								
(Type or Print) Wendell W. Driver	OF	Year Hour						
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	To Barrie	Yeor Hour						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 11 23 69	2:30 p.						
O 2421 Lakeview Ave.	5. USUAL RESIDENCE (Where deceosed lived. If institution: resident A. STATE B. COUNTY Maryland	dence before odmission)						
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIN	MITS?						
male colored WIDOWED DIVORCED	Baltimore YES X							
9. DATE OF BIRTH 2-6-44 10. AGE (In yeors # Under 1 Yr. Houder 24 Hrs. Months: Doys Hours Min.	E. STREET AND NUMBER 2421 Lakeview Ave.							
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME							
Va.	Harvey Driver							
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME							
porter	Elizabeth Whitting							
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or doles of service) SECURITY NO.	18. INFORMANT ADDRES	SS						
no 220387897	Clydia Staton same							
19. 2 4 7 9 1 + 3 0 3 9 CAUSE OF DEA		APPROXIMATE INTERVAL						
DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH						
LEADING TO DEATH	AUSE Hydrocephalus	Table 1						
(This does not mean the mode of dying, e.g., heart foilure, asthenio, etc. it means the disease,								
injury or complication which coused death.)								
ANTECEDENT CAUSES (2)								
DISEASES OR CONDITIONS IF ANY CIVING	AS A CONSEQUENCE OF:							
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
(c)								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
OF COMMINION EASI. (c)	alcohdic intoxication							
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. /	AUTOPSY? (Yes ar Na)						
0		yes						
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	In ar about 22C, WHERE DID (If in Boltimore City, give exact local	tion)						
	alago, etc.) INJORT OCCUR?							
IOF INJURY	22D. TIME (Month) (Doy) (Year) (Hour) 22E-INJURY OCCURRED 22E HOWDID INJURY OCCURRED							
(APPROX.) m. WORK NOT WHILE AT WORK								
	23.							
The state of the s	and that an this basis, death in my opinion	an						
resulted from: Natural causes Accident Suich								
ACTUAL 110/2 118/2011	CHIEF MEDICAL EXAMINER	DATE SIGNED						
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER	DAIL SIGNED						
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	11/0//00						
24A BURIAI CREMATION 124R DATE	uty Chief Medical Examiner	11/24/69						
REMOVAL (Specify)		ounty) (Stote)						
Burial 11-28-69 Arbutus M								
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR V. Bailey ADDRES							
NUV 28 1909 money E. Jakey M.D.	Kelson F.H. 1348 Calhou							
/S 151-REV, 1/1/6B								

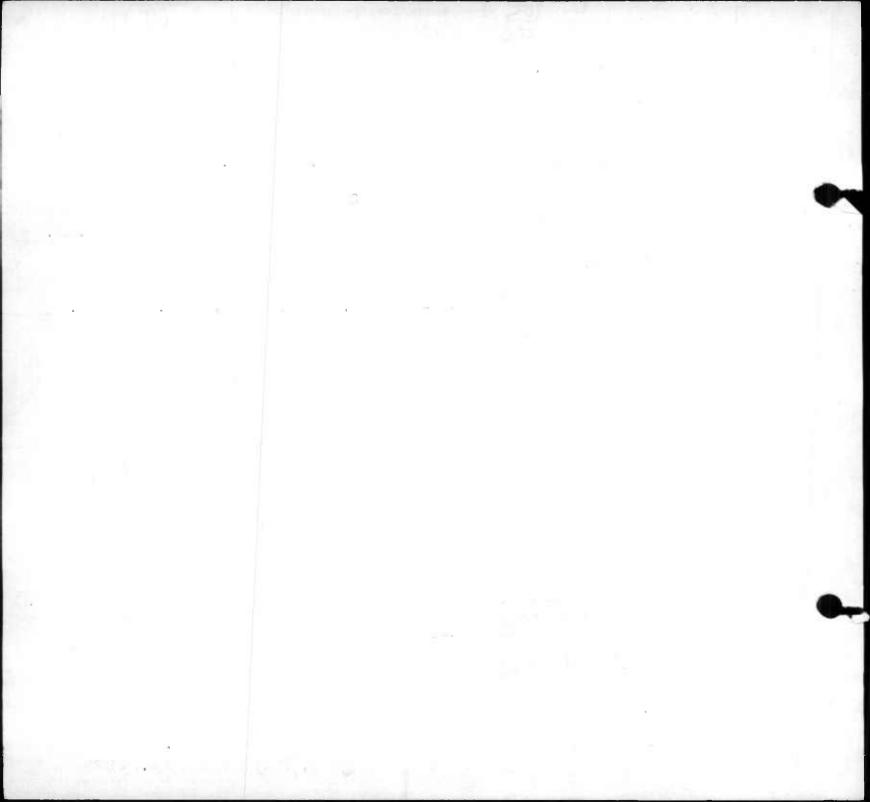
e, and the dist

1/ 135 CO 11 CO BALTIMORE CIT	Y HEALTH DEPARTMENT 69 11684
H-635 69 11684 CERTIFICA	ATE OF DEATH
BIRTH NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) TARDEN HOWARD CASSE	28 Mov 1969 11:00pm M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased fived, If institution; residence before admission)
	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	many long
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Johns Hopkins Hospital	E. STREET AND NUMBER
33	14 N. Chester St
5. SEX 6. RACE 7. MARRIED TOTALED TO	
MAKKIED TIVEVER MAKKIED	8. DATE OF BIRTH 9. AGE (In years lif Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
WIDOWED DIVORCED DIVO	IT 11. BYRTHPYACE (Stote or foreign country) 112, CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	
CARPENTER	PINGION
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HARLOW HARDEN	EMMA RINCER
15. Was Deceased Ever in U. S. Armed Face 7 S. SOCIAL (Yes, no grunknown) (If yes, give wor or object of SECURITY NO.	17. INFORMANT ADDRESS
Tes, ilo d'ankilowilli yes, give wol di della distance de secontif No.	Mrs. Susie K. Harden-
18 COLOR DE	
DISEASE OR CONDITION DIRECTLE	BETWEEN ONSET AND DEATH
LEADING TO DEATH & 10 60 16	Bouns to arterior body
(This does not men the made of dying, Due To, or As	AUSE S A CONSEQUENCE OF:
(This daes not mean the made of dying. Due 10, OR AS injury or complication which caused death.	
ANTECEDENT CAUSES S S S Man	line e e P. I de
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	or reptive Syrais & Prouvence 6 days
rise to the above cause (A) stating the	
UNDERLYING CONDITION last.	
E Z	
	hysema + COPD
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
₩AS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING OF 121B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, factory, street, of DEATH (notify medical examiner)	office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	14 N. Chesten St. 604
S OF INJURY	
1 (APPROX.) 11/NOV/69 Work At Work	Dienn Thon Clove
22. I certify that (I) this hospital ottended the deceosed from	
that (1) (we) lost sow the deceosed alive on 2.3 MbV	1969 ond that in my (our) opinion death occurred on the date
	view the body after deoth.
ond hour and from the couses stated oboye. (I) (We) did (did not) 23A. SIGNATURE	23B. DATE SIGNED
	trending Med. Stoff Phys. 11/24/69
ESC. PHYSICIAN'S	23D. ADDRESS
NAME (Type)	L
OEGREE PH E3C. PHYSICIAN'S NAME 1Type LINAM J. HARDERSON DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CI	
BURIAL 11-26-69 WESTEND CEM	RETREY WYTHEVILLE, VA.
BURIAL 11-26-69 NESTEND CEM 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME DE REGISTRAR	25C. PONERAL DIRECTOR ADDRESS
NON X R 1202 1 Waste 5" Larget LED 0	Martin Haller - 2339 Jefferson St.
VS 150-REV. 1/1/68 // 7 7 7 8	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7



	curred in a hospital and ributing cause of death vined cause; (5) Deceased jular attendance on the ed prior to death. Such made.
	death oce to cont Undetermes in reg deceasion is rest
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		BALTIMORE CITY	HEALTH DEPARTMENT	60	44	
	7-520 69 11685	CERTIFICA	TE OF DEATH	REG. NO. 69	11685	
11-	RTH NO.		2. DATE AND	D HOUR OF DEATH		
(T	Josephine S. (Josephine S. (Jo	hanna) Thomas		11/25/69	M.	
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONG		4. USUAL RESIDENCE (Where		ion: residence before odmission)	
_	ULL NAME OF (IF NOT IN HOSPITAL OR INSTI	THEON CIVE STREET			1912	
H	ULL NAME OF (IF NOT IN HOSPITAL OR INSTI OSPITAL OR ADDRESS OR LOCATION) ISTITUTION	TORON, GIVE STREET	C. CITY OR TOWN	D. INSIDE (CITY LIMITS?	
"	5 /		Baltimore	YE	NO NO	
	34		E. STREET AND NUMBER			
	Bon Secour Hospital		325 S. Gilmor			
5.		NEVER MARRIED		ost birthdoy) If	Under 1 Yr. If Under 24 Hrs.	
	F W WIDOWEI		2 /23/1895	74		
	A. USUAL OCCUPATION (Give kind of work 10B. KIND (OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	gn country) 12	CITIZEN OF WHAT COUNTRY?	
			Maryland		U.S.A.	
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E		
	Richard J. Thomas		Mary Donahue			
15	. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
(Y	es, no or unknown) (If yes, give wor or dotes of service)		Mrs. Dankara Miles	205 0 (V. 3 O4	
1	18. / / > 54	215-05-5613	Mr. Richard Tho	omas, 323 S. (APPROXIMATE INTERVAL	
	H low de	CAUSE OF BEAT		0 /	BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		or blue total	ive Cordio Vac	D' Years	
Н	(This does not mean the mode of dying, e.g., DUETO OR AS A CONSTRUENCE OF					
	hearl failure, osthenia, etc. Il meons the diseose, injury or complication which coused death.)					
	ANTECEDENT CAUSES	4-1				
	DISEASES OR CONDITIONS, if any, givin	g DUE TO, OR AS	A CONSEQUENCE OF:			
	rise to the obave cause (A) stating th	e				
	UNDERLYING CONDITION last.	(C)				
;	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Q	verwet.		Lears,	
1 3	TO THE DEATH BUT NOT RELATED TO THE TERMINAL					
1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or Nol		INGS CONSIDERED	
	WAS PERFORMED			IN CERTIFYING CAUSES	OF DEATH?	
1	J 21A. ACCIDENT WAS UNDERLYING 2 OR CONTRIBUTING CAUSE OF he DEATH (notify medical exomine)	B. PLACE OF INJURY (e.g., i ome, form, foctory, street, o c.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore Cit	y, give exoct lacation)	
Шi	21D.TIME (Month) (Doy) (Year) (Hourl 2)	E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
		/hile At Not While				
	V	Vork		9 50 to	11/1 10/9	
	22. I certify that (I) (this hospitel) attended	// /	1 10			
	that (1) (me) last saw the deceased alive an 11-1 19 69 and that in (my) (me) apinian death accurred an the date					
	and haur and from the causes stated above.	(I) (Ma) (did) (did nat) v	view the bady after death.	T	DATE CICATED	
	23A. SIGNATURE 23B, DATE SIGNED Attending TO Med. Shaff					
	War Hola	Maca DEGREE Phy	s. Director L	Phys.	11/26/69	
	23C. PHYSICIAN'S NAME (Typel	,	23D. ADDRESS		/ /	
	Dr. Goldman	DEGREE	4123 Frederick	Road		
2	4A. BURIAL CREMATION, 248. DATE 24C. REMOVAL (Specify)	NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (City, 1	own, or countyl (Stote)	
	D	oudon Park Ceme	etery Rel	timore, Md.		
2	SA. DATE REC'D BY HEALTH DEPT. 258-NAME	OF REGISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS	
1	NOV 28 1969	Gran (1 Wtzke, 4100:	Edmondson A e	., 21229	
ΙĻ	\$ 150-REV. 1/1/6B					



ibuting cause of dearined cause, (5) Deceasined cause; (5) Deceasine attendance on the prior to death. Surade.	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	This certificate must be ap the body was released to shows: (1) An accident of a was D.O.A. at a hospital (deceased prior to death); written approval must be
5#.5500	등 후 후 후 후 후 의	proved by the chief medical examithe hospital by a medical examiny nature; (2) Body burns; (3) A fraexcept where the physician who and (6) No physician was in reguotatined before the remains are em

	7-435		11686	BALTIMORE CITY CERTIFICA			REG. NO	69	1168	6
	CHELINON ,	MILDRED	ISABELI			2. DATE /	MBER 26,	1969	6:4	Ο Δ
3.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				4. USUA	L RESIDENCE (W	here deceased lived		residence befo	Me odmissian)
He	ILL NAME OF OSPITAL OR STITUTION	IIF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU ATION)	JTION, GIVE STREET	MA	RYLAND	HOWARD	COUNT	-	1-00
	ST AGNES	HOSPITAL				UMBIA		YES) NO	
	40)			55.	TAND NUMBER	MOUTAIN	CIRCL	E	
11		RACE	7. MARRIED	NEVER MARRIED	8. DATE	OF BIRTH	9. AGE (In years	If Unc	er 1 Yr. 11 I	Jnder 24 His.
104	FEMALE \	WHITE	WIDOWED [DIVORCED BUSINESS OR INDUSTRY	07	25 03	66			
das	ne during most of work	ing tile, even if retired)	INE KIND OF	BUSINESS OK INDUSTRY	II. BIRTH	PLACE (State or fo	reign country)	12. Cf	TIZEN OF WHA	AT COUNTRY?
13.	Clerk FATHER'S NAME		Montgo	mery Wards		yland			U.S.A.	
Ш					14. MOT	HER'S MAIDEN N	AME			4
	Was Deceased Eve	Bran		1 6. SOCIAL	17. INFO	AA ANG	0000010	547-71	ME V E HIT H	
(Ye	s, na ar unknown) (If	yes, give wor or dole	s of service)	SECURITY NO.			RECORD'S HOSPITAL		M & boths es and	
-	18.	0 1		579-01-4434		AGNES	TUSPITAL	WILKE		
	1 / 0	OR CONDITION DI	RECTLY			A .				TE INTERVAL ET AND DEATH
	LEADING TO DEATH CAMMEDIATE CAUSE Mali grant Melanoma &									
1	heart failure, osti	nenia, etc. it meons	the disease,	DUE TO, OR AS	CONSEC	UENCE OF:	ska, k	L. G.	2	
	ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES									
	DISEASES OR CONDITIONS, if ony, giving DISEASE to the glove cause (A) station the									
	rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)									
		II		(-)	-					
ATION	ITO THE DEATH BU	NT CONDITIONS COL	IE TERMINAL							
N S	DISEASE OR COND	ERATION SIVEN IN PAR	T 1 (A).	HICH OPERATION	120 A. A	UTOPSY? (Yes or I	(a) 208. IF YES, W	SPE SINDING	CONSIDERE	D
CERTIFIC	0	WAS PERF	ORMED		N		IN CERTIFYING	CAUSES OF	DEATH?	
ZA CA	21A. A CCIDENT V OR CONTRIBUTING DEATH Inotify med	VAS UNDERLYING COLOR CAUSE OF	218, home etc.)	PLACE OF INJURY (e.g., ir e, form, foctory, street, of			(it in Bol	timore City, gt	ve exoct location	n)
MEDI	21 D. TIME IMO OF INJURY (APPROX.)	onth) (Day) (Year)		e At At Work		21F. HOW DID IN	JURY OCCUR?			
						19 69				
and haur and from the causes stated above. X1) (We) (did) (did Xdf) view the body after deoth.							on me date			
							TE SIGNED			
	Ja	e-Shin	of 2	Vi OEGREE Phys.	iding _	Med. Director	Staff Phys.	No	v. 26 6	4
	NAME (Type)	CHILING N			3D. ADDI	ESS		TIMORI	E MD 2	1229
244	12F	-SHIUNG W	U M.D.	OEGREE		NES HOS	PITAL WIL	KENS	E CATO	N AVE
248	REMOVAL ISpeci	ion, 248. DATE	24C.NA	ME of CEMETERY of CRE	MATORY	24D.	LOCATION	(City, town,	ar county)	[State]
	urial	11/28/69		lawn Cemetery		Bal	timore, Mo	i.		
^{23A}	MOU DO	1060 Q.C. 4	E. WALE	REGISTRAR	1	UNERAL DIRECTO	R		ADDRESS	
1	NUV 40	1303 Cook	and Manager	7 3	MEE	rke, 1030	Edmondson	Ave.,	21228	

A 1 1 1 1 2 7

death

cause

contributing

etermined cause; (5) Deceased

regular

(6) No physician was in obtained before the remains

must be hospital

prior to

eceased

ā

0.0

MOS

shows: (1)

he body

hospital

BALTIMORE CITY HEALTH DEPARTMENT REG. NO CERTIFICATE OF DEATH Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) CALLIE 11/24/ FELDEIZ 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore City Hospitals Baltimore YES X NO prior 4940 Eastern Ave. E. STREET AND NUMBER 21230 Baltimore, Md. 1030 S. Hanover Street is made regular 9. AGE (In year If Under 1 Yr. Months: Doys If Under 24 Hrs. MARRIED X NEVER MARRIED deceased Female Negro WIDOWED 6-30-94 DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? are embalmed or final disposition done during most of working life, even if retired U,S.A. S. Carolina Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

West Ballard		Amy	
5. Was Deceased Ever in U. S. Armed Forces? fes, no or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 213-12-3150	BCH Records: Baltimore, Md.	
1B. / _ / _ /	CAUSE OF DEAT	H J-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEA
LEADING TO DEATH	A NAMEDIATE CAL	ISE C. V. A.	3 marko
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which caused death.)		A CONSEQUENCE OF:	manu
ANTECEDENT CAUSES	AA	A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, if any, giving	(B)	A CONSEQUENCE OF	street gears
rise to the above cause (A) stating the		A GOTTOLIGO OT.	
UNDERLYING CONDITION last.	(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Toxic	Eyei dermal Necrolysis	2 mules
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218	ne, farm, factory, street, o	n or about 21C. WHERE DID (If in Baltimare INJURY OCCUR?	City, give exoct location)
	INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	ile At Not Whil		
We			Na. No. 1984 P.
22. I certify that HT (this hospital) attended t	he deceosed from	11 19 19 69 to 11	
that (*) (we) lost sow the deceased alive on	11/24	19 69 ond that in(my) (por) opin	ion deoth occurred on the d
ond haur ond from the couses stated above. (1) (We) (did) (did 1101) \		
23A. GIGNATURE			23B. DATE SIGNED
Ylennia W Bluffly	M D Ath	ending Med. Staff Phys. Director Phys.	11/24/69
Zemis W, Blaklu 23C. PHYSICIAN'S	DEGREE	22D ADDRESS	
NAME (Type)		Baltimore City Hospi	
Dennis W. Bleak			e, Md. 21224
24A. BURIAL CREMATION, 24B. DATE 24C.N REMOVAL (Specify)	AME of CEMETERY OF CR	EMATORY 24D. LOCATION (City	y, town, or county) (State)
Desmin TTO	arver Mem	Howard Ctaco	
25A. DATE REC'D BY HEALTH DEPT. 1 2684 MANO	OF REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS CY
NOV 28 1969 Caber & 10-10	and the second	10/9/21/11/2011/	AL MS

VS 150-REV. 1/1/68

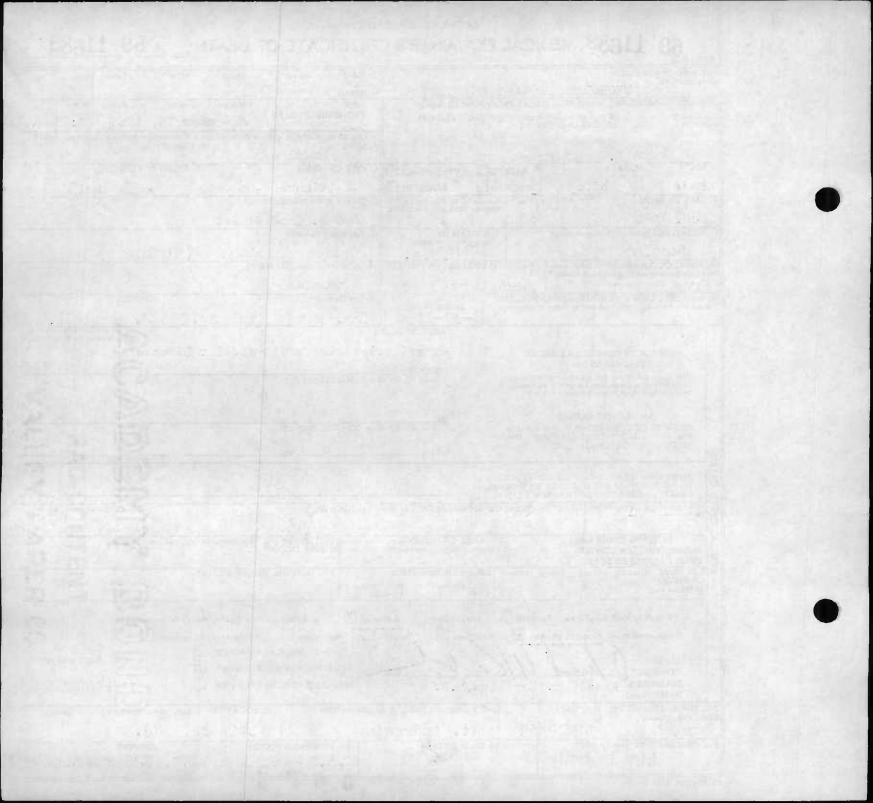
FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

171-143	Y HEALTH DEPARTMENT REG. NO. 69 11687					
DIKIT IVO.	ATE OF DEATH X REG. NO. 00 11687					
(Type or Print)	2. DATE AND HOUR OF DEATH					
BOBLITZ, BERTIE 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	NOVEMBER 25, 1969 5:30 Pm.					
	A. STATE B. COUNTY					
HOSPITAL OR (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND HOWARD COUNTY C.CITY OR TOWN D. INSIDE CITY LIMITS?					
1/	ELLICOTT CITY YES NO					
T ST AGNES HOSPITAL	10414 BALTIMORE NATIONAL PIKE					
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr If Under 24 Hrs.					
FEMALE WHITE WIDOWED DIVORCED	107 22 81 88					
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if relired)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
RETIRED LAUNDRY SPRINGFIELD HOS	P MARYLAND USA					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
WILLIAM HOBBS	HARRIETT ARRINGTON					
15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) Uf yes, give wor or doles of service) SECURITY NO.	17- INFORMANT ADDRESS					
213345299	ST AGNES HOSP, RECORDS-BALTO MD 21229					
18. 4 1 2 . 3 1 CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	P. 1/2 and and alteration					
(A) MMMEDIATE CAI This does not mean the mode of dying, e.g., heart laiture, osthenia, etc. It means the disease,	A CONSEQUENCE OF: () A CONSEQUENCE OF:					
injury of camplication which caused death.)	() row augusticities					
ANTECEDENT CAUSES	candiac isheria					
DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS rise to the abave cause (A) stoling the	A CONSEQUENCE OF:					
UNDERLYING CONDITION last. (C)	***************************************					
Z OTHER SIGNIFICANT CONFIDENCE CONTRIBUTIONS						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL SIDSEASE OR CONDITION GIVEN IN PART 1 (A).	tive ile leastony for intestine obstruction)					
19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	NO					
☐ 21A. ACCIDENT WAS UNDERLYING ☐ 21B. PLACE OF INJURY (e.g., OR CONTRBUTING ☐ CAUSE OF hame, lorm, loctory, street, of DEATH (notify medical examines)	ffice bldg., INJURY OCCUR? (If In Baltimore City, give exact location)					
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not While	21F. HOW DID INJURY OCCUR?					
Work At Work						
22. 1 certify that (X) (this hospital) attended the deceased from NO that (N (we) last saw the deceased alive an NOVEMBER 25	/ ^					
that () (we) last saw the deceased alive an NOVEMBER 25 19 69 and that in (my) (our) opinion death accurred an tand have and from the causes stated above. (i) (We) (did) (did Nov) view the bady after death. 23A. SIGNATURE						
	23D. ADDRESS					
DR WU	ST AGNES HOSPITAL CATON & WILKENS AVE					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR						
Burial 11/28/69 New Cathedral C						
25A. DATE REC'D BY HEALTH DEPT. 25th NAME OF REDISTRAR	25C. FUNERAL DIRECTOR ELLICOTT CITY, MOADDRESS					
NI 150 55 V 10/45	Howard Cty, Fun. Home of Harry H. Witzke					

, 4 4 3 freeze og til er er til flet reget til til er trette

69 11689 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.	69 11689							
I. NAME OF DECEASED	2. DATE Known Month Doy	Yeor Hour							
(Type or Print) NICHOLAS SPOLONY STOLONY	OF DEATH Estimoted	м.							
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD November 26,	1711							
0.0	5. USUAL RESIDENCE (Where deceased lived, If Institution: r A. STATE B. COUNTY	esidence before odmission)							
404 S. Bond Street	Maryland	301							
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?							
Male White WIDOWED DIVORCED	Baltimore YES	□ NO □							
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs. Manihs; Days; Hours; Min.	E. STREET AND NUMBER								
12/20/18	404 S. Bond Street								
11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF	13. FATHER'S NAME								
Ukraine WHAT COUNTRY?	Wasil Stolony (Stolo	nii)							
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY		744.1							
done during most of working life, even if retired) Proprietor Funniture Store	Odarkus ?								
		DRESS							
(Yes, no ar unknawn)(II yes, give war ar dates of service) SECURITY NO.									
No - 218-30-1198 [19. CAUSE OF DEA]	Mrs.Frieda Stolony, 404 S	Bond St.							
2/2,4		BETWEEN ONSET AND DEATH							
DISEASE OR CONDINOTEDIRECTE	clerotic Cardiovascular Disease	2							
LEADING TO DEATH (A)IMMEDIATE C	AUSE								
(This does not mean the mode of dylng, e.g., heart foilure, asthenia, etc. it means the disease,									
injury or complication which coused death.)									
ANTECEDENT CAUSES (B)									
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	***************************************							
UNDERLYING CONDITION LAST		GA							
<u>Z</u>									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)							
Ö -	1 IN ORMED	En Adroi Sti (or mo)							
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	In an about 225 WHERE DID (W.) Built and St. Co.	yes							
UNDERLYING TOR CONTRIB. home, form, foctory, street, office	In or obout 22C. WHERE DID (If in Boltimare City, give exoct to bidg., etc.) INJURY OCCUR?	Tocolion							
@ UTING □ CAUSE OF DEATH.									
22D. TIME (Manth) (Doy) (Year) (Haur) 22E.INJURY OCCURRED OF INJURY	WHILE								
m. WORK AT W	YORK .								
Certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my apinion resulted from: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER									
							SIGNATURE MILE WILL MAD	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
							EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER	11/26/69
							NAME (Type)		11/20/07
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town,	or county) (State)							
Burial 11/29/69 St. Andrew	Baltimore, Md								
		DRESS							
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REDISTRAR DEPT. A. D.		08 FASTERN AV							
	A STONDAL & DOND, TO	O INOTHIN HV							
VS 151-REV. 1/1/68	00/0								



Such

0 death.

attendance

regular deceased

Mas

death

who pronounced

where the physician

(except

at a hospital

d

was D.O.

shows:

o

the body was released (1) An accident

This certificate

death);

deceased prior to

and (6) No physician was in regular attendance on the

10

prior

BIRTH NO.

(Type or Print)

FULL NAME OF HOSPITAL OR INSTITUTION

NAME OF DECEASED

cause of death

contributing occurred

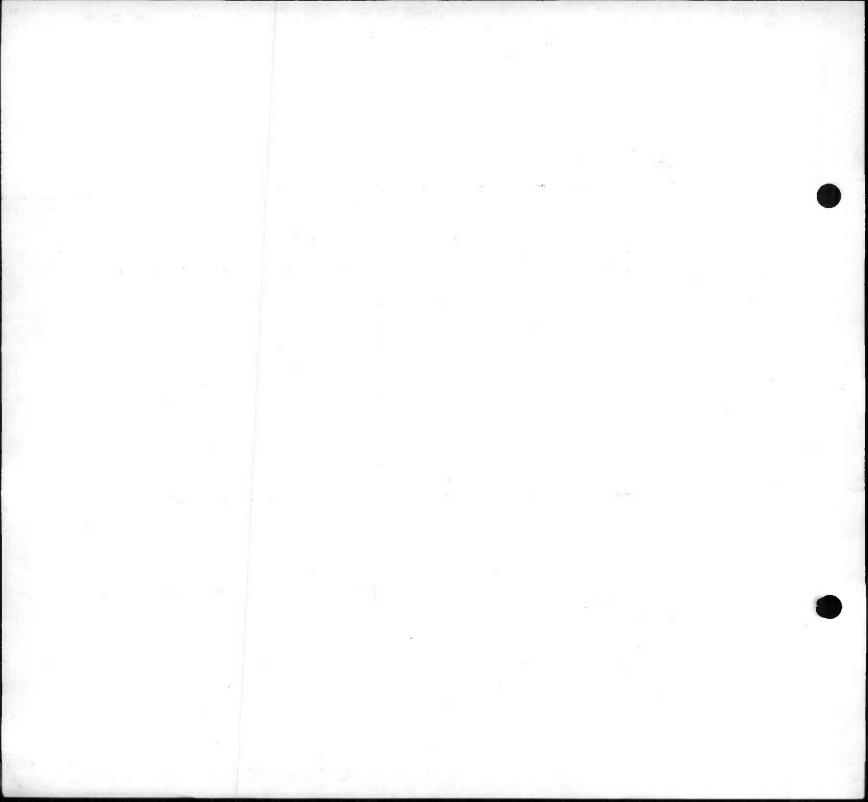
a hospital and

BALTIMORE CITY HEALTH DEPARTMENT REG. NO CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived, before odmission) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS

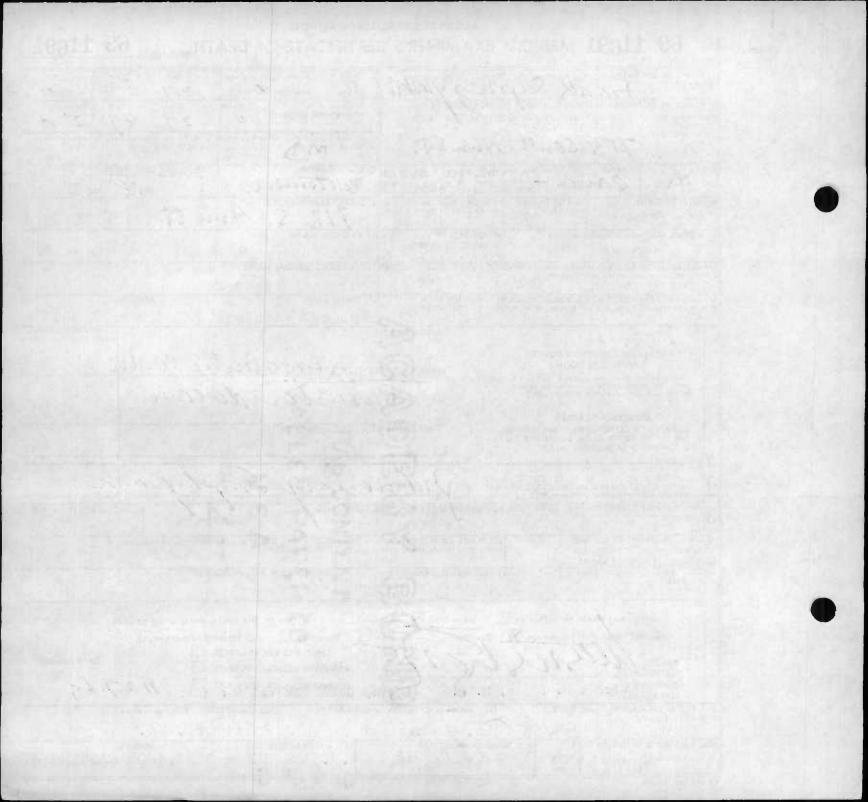
Harbar Clear 10.2.		(Caltemare)	YES NO NO
1213 4:00 of	A	E. STREET AND NUMBER	
1012 pelas sice	U'	1810 Gaigh S.	
SEX 6. PACE / 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In ye lost birthday)	ors If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
111000	OWED DIVORCED	10-4-02 66	HED.
DA, USUAL OCCUPATION (Give kind of work 10B, KIII one during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT GOUNT
achinist Helper S	teel Wfg.	I dand.	11.8.15
3. FATHER'S NAMETheodoge Bors	ukiewicz	14. MOTHER'S MAIDEN NAME Wing	entyna Hubinski
Radar Holses	Liewicz	Vencent Hu	berski
S. Was Deceased Ever in U. S. Armed Forces? Tes, no or unknown) (If yes, give wor or dotes of se	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	106-1487-98 A	Irene Borsukiewicz	,1815 Gough St.
18. 155 0 J- 250,	CAUSE OF DEAT	TH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY	1-1	em to	and the state of t
LEADING TO DEATH	(A) IMMEDIATE CA	use	2203
(This daes nat mean the made of dying, heart failure, asthenia, etc. It means the di	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	
injury at camplication which caused death.)			
ANTECEDENT CAUSES	(0)		
DISEASES OR CONDITIONS, if any,	giving DUE TO, OR A	S A CONSEQUENCE OF:	
rise to the above cause (A) stating	Ihe		
UNDERLYING CONDITION last.	(c)		
Z	12	1 1 1 0 - 1	
O THER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS TO THE TERM		etes thellet	of The same
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A). □ 19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or Nol) 20B. IF YES,	WERE FINDINGS CONSIDERED
WAS PERFORMED		IN CERTIFY	NG CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in	Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	
21D.TIME (Month) (Doy) (Year) (Hour		21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Not Whi		or many says a
22. I certify that (4) (this haspital) otter	ded the deceased from	NUV 11 1969 to	100 26 19 69
that (we) ost sow the deceased alive	e on AUN 26	19 6 5 and that in fact to	opinion death occurred on the de
and haur and from the couses stoted obc			and a second on the second of
23A. SIGNATURE	ive. 41 (he) (ula) (alamot)	view the body offer deoff.	23B, DATE SIGNED
1/	Att	ending Med. Staff	1/20/3/ 35
11.0/100	DE GREE Ph	ys. Director Phys.	10126,126
22C. PHYSICIAN'S NAME-Hypel		23D. ADDRESS P'ATT	2-2
M.CHEVI	ZATES DECREE	12/3 Ligh	31
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	4C. NAME OF CEMETERY OF CE	EMATORY 240 LOCATION	(City, town, or county) (State)
Burial 11/29/69	Hola Doggara	Baltimore	e. Md.
	Holy Rosary	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1969 28 6	E. Jaber M.D.	M.F. SADOWSKI & SC	NS, 1808 EASTERN A

NOV 28 1969 25B. NAME OF

VS 150-REV. 1/1/68



69 11691 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH 69 11691
BIRTH NO.	
(Type or Print)	2. DATE Known Month Doy Year Hnur Doy
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted 1/ 27 69 /2 Am. 3. DATE Month Dov Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD 11 27 69 12 04
IOR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
00 713 South Annst.	A. STATE MD B. COUNTY 103
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
WIDOWED DIVORCED	Baltimore YES I NO [
9. DATE OF BIRTH 10.AGE (In years 1 Vr. II Under 24 Hrs. Months, Doys Hours 1 Min.	E. STREET AND NUMBER 713 S. Ann St.
II. BIRTHPLACE (State or loreign country) 12. CITIZEN OF	13. FATHER'S NAME
Maryland WHAT COUNTRY?	John Superczynski
done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME
Longshoreman Cargo Loading	Juliana Cheminski
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO.	18. INFORMANT ADDRESS
No - 216-10-6672	Mr. Carl Wieciech, 422 Cornwall St.
19. CAUSE OF DEAT	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	AUSE Asterio scleratio Cardos -
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,	G A CONSEQUENCE OF:
injury or complication which coused death.)	as with disease
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
I I INDESTRING CONDITION LAST	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	enany Emphysema
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
	In or obout 22C. WHERE DID (If in Boltimore City, give exact location) bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT	WHILE
23. m. WORK AT W	ORK L
I certify that Vheld on Inquiry Inspection Aut	ropsy and that on this basis, deoth in my opinion
resulted from: Notural couses A Agaident Duicid	
10111111111	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE M.D.	DATE SIGNED
NAME (Type) WErner U. Spitz, M. D. Dept	/
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY (REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 12/1/60 St. Stanisla	Baltimore, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
The state of the s	25C. FUNERAL DIRECTOR ADDRESS
NOV 28 1969 Best E. Jaben, M.D.	25C. FUNERAL DIRECTOR M.F.SADOWSKI & SONS, 1808 EASTERN AVI



V.200

9	11692	BALTIMORE CITY HEALTH DEPARTMEN
		EY A MINIED'S CEDTIEIC AT

69	116	92
----	-----	----

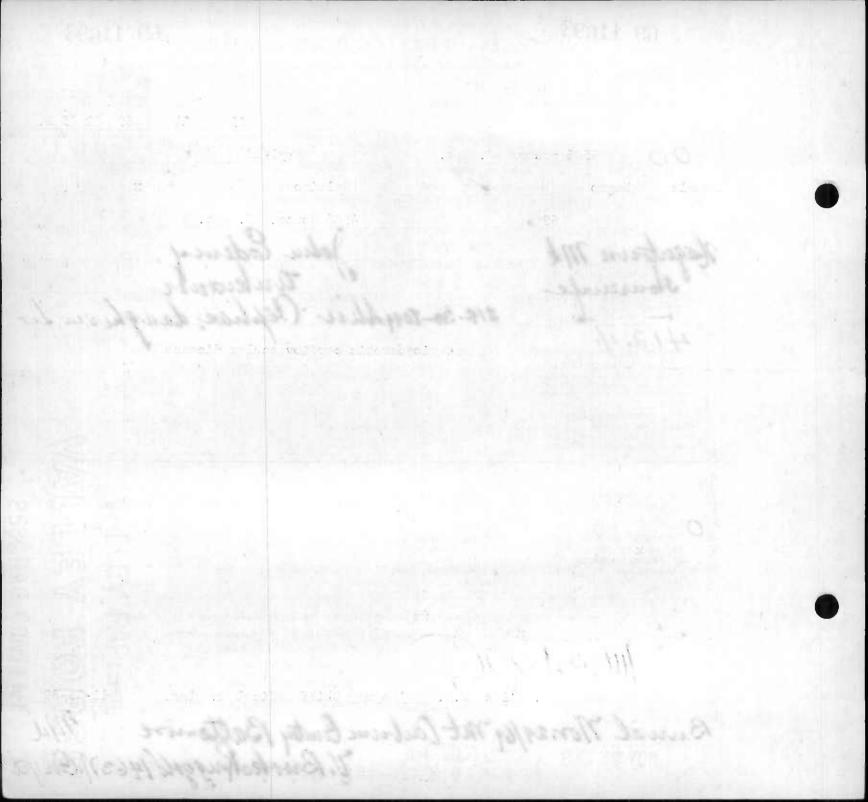
BIRTH NO. 69-15203 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	a 1163S
1. NAME OF DECEASED (Type or Print) PHILLIP VEGA VAGE) 2. DATE Known Manth Day OF DEATH Estimated	Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD	Yeor Hour 969 9:00 A. M. residence before admission)
1708 Abbottson Street A. STATE B. COUNTY Maryland 6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY	407
Male Negro WIDOWED □ DIVORCED □ Baltimore YES 9. DATE OF BIRTH 8/18/69 10.AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 1708 Abbottson Street 1708 Abbottson Street	□ NO □
Baltimore, Md 12. CITIZEN OF WHAT SOUNTRY? George Troy Felton	
4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME Anna Vage 6. WAS DECEASED EVER IN U.S. ARMED FORCES? [17. SOCIAL IS. INFORMANT ADDRESS OF INDUSTRY 15. MOTHER'S MAIDEN NAME AND ADDRES	DRESS
Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. Mrs Vage, Same 19. CAUSE OF DEATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart follure, osthenio, etc. it meons the disease, injury or complication which coused death.) Sudden death in infancy (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A, DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
	yes
UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. UTING CAUSE OF DEATH. UTING CAUSE OF DEATH.	location)
22E. INJURY OCCURRED. 22F. HOW DID INJURY OCCUR? OF INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 22F.	
I certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my op resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER	Inton
SIGNATURE EXAMINER'S NAME (Ture) ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	DATE SIGNED 11/26/69
24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, of Burial 11/26/69 Mt Auburn Cemetry Baltimore Months 25A DATE 25C DAY 15 AUBURN CEMETRY BALTIMORE MONTHS 25A DATE 25C DAY 15 AUBURN CEMETRY BALTIMORE MONTHS 25A DATE 25C DAY 15 AUBURN CEMETRY BALTIMORE MONTHS 25A DATE 25C DAY 15 AUBURN CEMETRY BALTIMORE MONTHS 25A DATE 25C DAY 15 AUBURN CEMETRY OF CREMATORY 24D. LOCATION (City, town, of CEMETERY 24D. LOCATION (City, town,	r county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Adolphus Halstead 1200	6 W orth Av

6 last Wland

C-120

69 11693 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 69 11693

BIRTH NO.				KEG. 140			
		Knawn 🗌	Manth	Day	Yeor	Haur	
(Type or Print) Anna Cephas	OF DEATH	Estimoted					M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE		Month	Doy	Year	Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNC	ED DEAD	11	24	69	12:45	D
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESID	ENCE (Whose		_ ,			P.M.
A-	A. STATE		. 8	COUNTY	1	CILI.	2
6 4506 Bonner Rd. Apt. B		Marylan	.d	T	d	X7	5
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TO	MN		D. INSIDE CIT	Y LIMITS?		
Female Negro WIDOWED DIVORCED	Balt:	imore		YES		NO 🗌	
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND	NUMBER					
last birthday) Months, Days, Hours, Min.	4506	Bonner R	d Ant	R			
11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF	13. FATHER'S N		a. Apt	• 10			
WHAT COUNTRY?		2.	. /	,			
Asyntown III	16	un (alen	ry			
174AVSUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY dane during master warking life, even if typired)	Y 15. MOVHER'S	MAIDEN NAM		1			
Housewife		un	Ruce	una			
16. WAS DECEASED EVER IN U.SAARMED FORCES? 17. SOCIAL	18. NORMAN	TY	. /	AD	DRESS	/	1
(Yes, na ar unknawn) (If yes, give warfor dates of service) 2/9-30-1044	11111	101	Lano	A.11.	int.	10/11/	1:
19. CAUSE OF DEAT	TH	-	reco	- unu		PROXIMATE INT	
4 4 4 4		1.	7 1 •		BETW	EEN ONSET AN	DEATH
DISEASE OR CONDITION DIRECTLY Arteriosder	rotic car	diovascu	lar di	ease '			
LEADING TO DEATH (A)IMMEDIATE C. (This does not mean the mode of dying, e.g., DUFTO OR A							
heart failure, osthenia, etc. It means the disease, Injury ar camplication which caused death.)	AS A CONSEQUEN	CE OF:					
ANTECEDENT CAUSES (B)	AS A CONSEQUE						
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR A	AS A CONSEQUE	NCE OF:					
II I IINDERLYING CONDITION LAST							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED				21. AUTO	PSY? (Yes o	r No)
Z2A. EXTERNAL CAUSE WAS 228 PLACE OF INJURY(e.g.,	1 1000	WHITE DID (t . B. I.e.	6		no	
UNDERLYING FOR CONTRIB. hame, form, factory, street, affice	ce bldg., etc.) INJU	RY OCCUR?	t in Baltimore	City, give exac	r lacotian)		
UTING CAUSE OF DEATH.	0.05					10.0	
OF INITIDY		HOM DID INT	URY OCCU	R?			
	WHILE						
23.							
I certify that I held on Inquiry Inspection XX Aut	itopsy 0	nd that on th	is bosis,	death in my o	pinion		
resulted from: Notural couses X Acciden Suicid	de Homic	ide U	Indetermin	ed manner	0.0		
	CHIE	F MEDICAL EX	CAMINER				
ACTUAL AND	ASSISTA	NT MEDICAL EX				DATE SIGN	IED
SIGNATURI M.D.).						
EXAMINER'S		TE MEDICAL EX				11 25	60
NAME (Type) Werner U. Spitz, M.D. De	eputy Chi		OCATION	(City, tawn,		11-25-	
REMOVAL (Specify).	OF CREWATORY	/ 240. 6	2 4/	(City, tawn,	or county,	(Stat	nI
Burgal lov. 29/10 net link	nam Pos	vetros 10	SOUT	antor	e.	1//	14
25A. DATE REC'D BY HEALTH DEPL ZSY. NAME OF REDISTRAR	25C. FUN	ERAL DIRECTO	The same	AC	DRESS	,	
NOV 28 1969 1 5 E. Jakey M.D.	9/	Qi. l	K	4 11	1.11.	N/	2
0 4 5	a del	roofe	21/02	9900	1463	1/10	rujo



		BALTIMORE CITY	HEALTH DEPARTMENT		00 44004
BIRT	TH NO. 69 116	94 CERTIFICA	TE OF DEATH	REG. NO.	69 11694
1, N (Typ	AME OF DECEASED or Print) Crawlord - Mi	PRV HEMSWORT	H //-	27 - 1969	7 45 A.
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PROP	NOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If insti ITY	itution: residence before admissi
	LL NAME OF (IF NOT IN HOSPITAL OR INS	TITUTION, GIVE STREET	MB. E	altimal	1401
	SPITAL OR ADDRESS OR LOCATION)	1-1-de-	C. CITY OR TOWN		E CITY LIMITS?
6	House in the Person	QUENCEL CK	E. STREET AND NUMBER		YES NO
2	Baltimore, md. 21		1209 Job	in Street	
s. s	emale Com. 7. MARRIE WIDOW	ED NEVER MARRIED X	12/12/1888	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 H Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10 B, KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore		12. CITIZEN OF WHAT COUN
done	NONE		Maryland or P	enna. (?)	USA
13. [FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	Frederick Bowman	Crawford	Eliza Cam	nhell	
1S. V	Nos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes	,no or unknown) (If yes, give war or dotes of service	e) SECURITY NO.	ChART	Упис	· Kame
_	NO	CAUSE OF DEAT		as running	APPROXIMATE INTERVA
	41 0,5	CAUSE OF BEAT			BETWEEN ONSET AND DE
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CUNGI	ESTIVE HERRE	[AI] URIZ	24 Hours
	(This does not mean the made of dying, e.	(A) IMMEDIATE CAL	A CONSEQUENCE OF:		
	heart failure, asthenia, etc. It means the disea injury or complication which caused death.)	se,			
	ANTECEDENT CAUSES	ARTER	4-SCHERETIL COR	CLURY ANTIER	2 >
		(B)	A CONSEQUENCE OF:	1542161	7/
	DISEASES OR CONDITIONS, if any, giving the tall the above cause (A) slating the control of the c	9	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.	(c)		,	
	11				
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN				
AT	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	.00440000000000000000000000000000000000		~~~~~~~	
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
ERT	0		NO		
	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, o etc.)	in or about 21 C. WHERE DID line bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct location)
ā		21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2		While At Not Whi			
		Work L At Work			
	22. I certify that (I) (this hospital) attende		6.0	19 69 to 27	NOV 19 61
	that (I) (wet last saw the deceased alive a	1939 to Nov 20	19.69 and th	at in(my) (❤️opini	ian death occurred on the
	and haur and fram the causes stated above	(I) (III) (did) (Julius)	riew the bady after death.		
	23A SIGNATURE	4.0			23 B. DATE SIGNED
	1 Day Talls	Phy	ending Med.	Staff Phys.	27 non 69
	23C. PHYSICIAN'S	DEGREE (")	23D. ADDRESS	,	
	J. DIXON HILLS	11.D	3501 ST.	PAUL ST	BAITIMINE 1
24A	BURIAL CREMATION, 24B, DATE 24C	NAME of CEMETERY OF CR			town, or county) (State
	REMOVAL (Specily)				
2.5	BURIAL Nov.29/69	LOUDON PARK			y - Maryland
25 A	DATE REC'D BY HEALTH DEPT. 25B. NAM	E OF REGISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS
	NOV 28 1969	200	STEWART & MO	WEN CO.108	W.North Av.City
15	150-REV. 1/1/68		0 0 . 0		

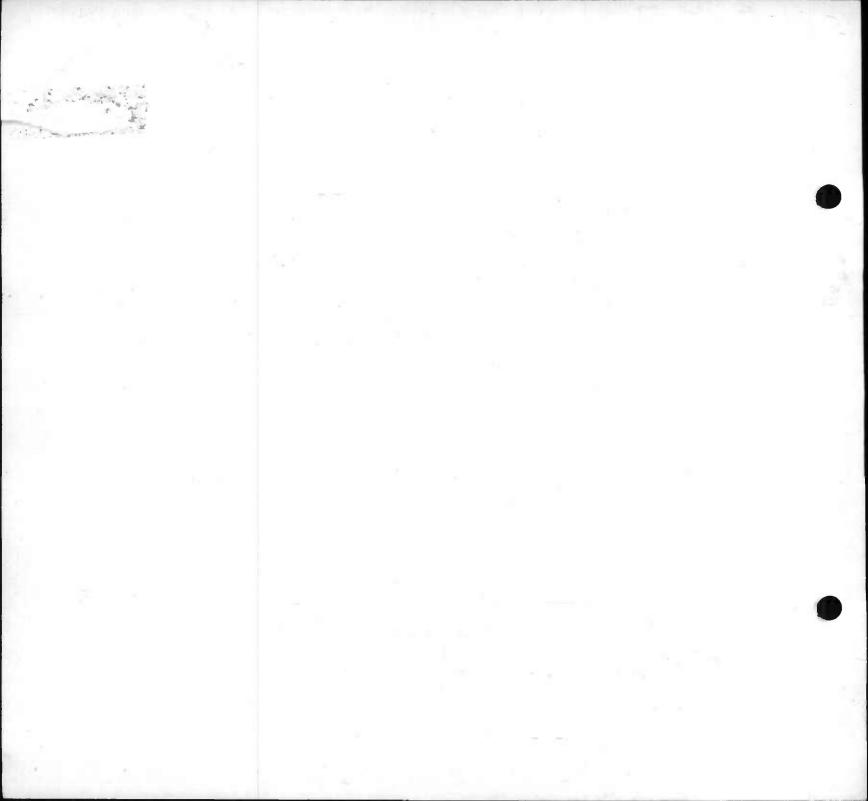
Constitute Based Project 2006 Artenn Sciences Comment arrest The same of the sa The second of th 1 mg with J. Bixon Hills M.D. 3501 ST. Paul ST Roll-me

540

	BALTIMORE CITY HEALTH DEPARTMENT	
15	CERTIFICATE OF DEATH	

REG. NO.	69	11695

BIRTH NO.	69	11695	CERTIFICA	TE OF	DEATH	REG. NO	00 .	гтоос	
1. NAME OF DEC (Type or Print)	Elizabeth	Small		-		1-23-69		33	0
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL I	RESIDENCE (Whe	re deceased lived. If i	stitution: res	idence befor	e odmissian
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET		Maryland		IDE CITY LIA	4/ O	3
	and Nursing H	ome		Bai	ltimore		YES X	NO[Ja Jane
90					AND NUMBER 37 Bloom	Street			
5. SEX	6. RACE	7. MADDIED [NEVER MARRIED	8. DATE OF		9. AGE (In years	If Under	1 Yr. If II	nder 24 Hrs.
F	N	WIDOWED	= =	4-7		lost birthdoy) 94	Months	Days Hours	Min.
	UPATION (Give kind of work working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPL.	A CE (State or fore	gn country)	12. CITIZI	N OF WHA	T COUNTRY
Domes		Pvt F	amily	Mar	ryland		U	SA	
3. FATHER'S NA	ME	1		14. MOTHE	R'S MAIDEN NA	ME	-		
Ezike	el Small			Sai	rah L. ?				
5. Was Deceased	Ever in U. S. Armed Far (If yes, give war or date	rces?	16. SOCIAL SECURITY NO.	17. INFORM	ANT			ADDRESS	
No	ir (ir yes, give war or date	3 Of Services	SECORITI NO.	Mrs. H	Esther Ol	sen 212 Pus	ey St.	Ches	ter, Pa
18.	2 14		CAUSE OF DEAT	1				APPROXIMAT	
DISEASES (ise to the Underlying) OTHER SIGNION TO THE DEAD DISEASE OR C	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION lost. II FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER	any, giving slaling the NTRIBUTING HE TERMINAL RT 1 (A).	(8)		ENCE OF:	20B. IF YES, WERE	FINDINGS (CONSIDEREI EATH?	
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examiner		PLACE OF INJURY (e.g., i e, form, factory, street, of	or about 210 fice bldg., IN.	C. WHERE DID	(If in Boltimo	re City, give	exoct locotio	n)
O 21 D. TIME	(Month) (Day) (Yeor)		INJURY OCCURRED	211	F. HOW DID INJ	URY OCCUR?		-	
OF INJURY		Whil	e At Nat While						
	1 (1) (1) (1)	Worl			Ano is	10	No	1, 23,	/ 0
			e deceased fram			19 68 ta		,	/
that (I) (per)	last saw the decease	ed alive an	/ νον.	19.4	/and th	at in(my) (aw) ap	nian death	accurred	an the da
		ted abake. (1)	(We) (did) (did not) v	iew the bac	dy after death.		OOD DATE	SIGNED	
23A. SIGNATI	110.	7/1	/// Atte	nding 🔽	Med.	Shoff	23B. DATE	-	610
23C. PHYSICIA	reay k	Tally)	DEGREE Phy		Director 🗀	Phys.	1000	1.25,	769
NAME (1	[ype]	/			s Edmondsor	Avenue			
	n Harris	10.00	MD DEGREE				1		(5
Burial	Specify) 24B. DATE 11-27	7-69 Mt	Auburn Cemet			Baltimore (C	ity, town, or	countyl	(Stote)
25A. DATE REC'D	N 2 8 1969	258. NAME O	F REGISTRAR	_	ter Fund		35 W.	North	
VS 150-REV. 1/1/	68		7. 0	1 8	0 / 7				

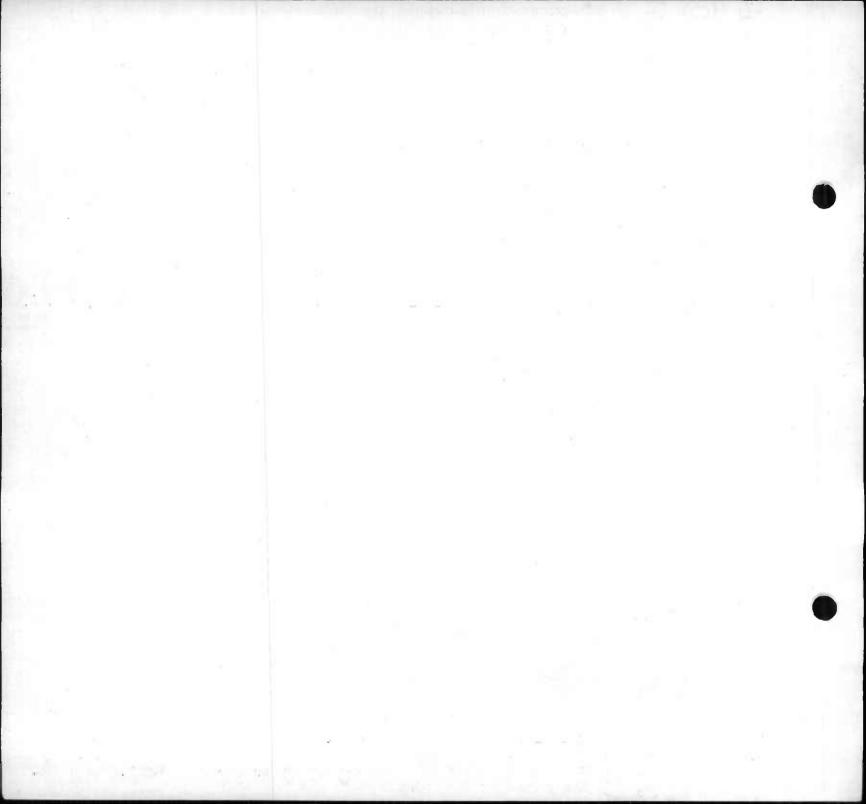


11006 CERTIFICATE OF DEATH

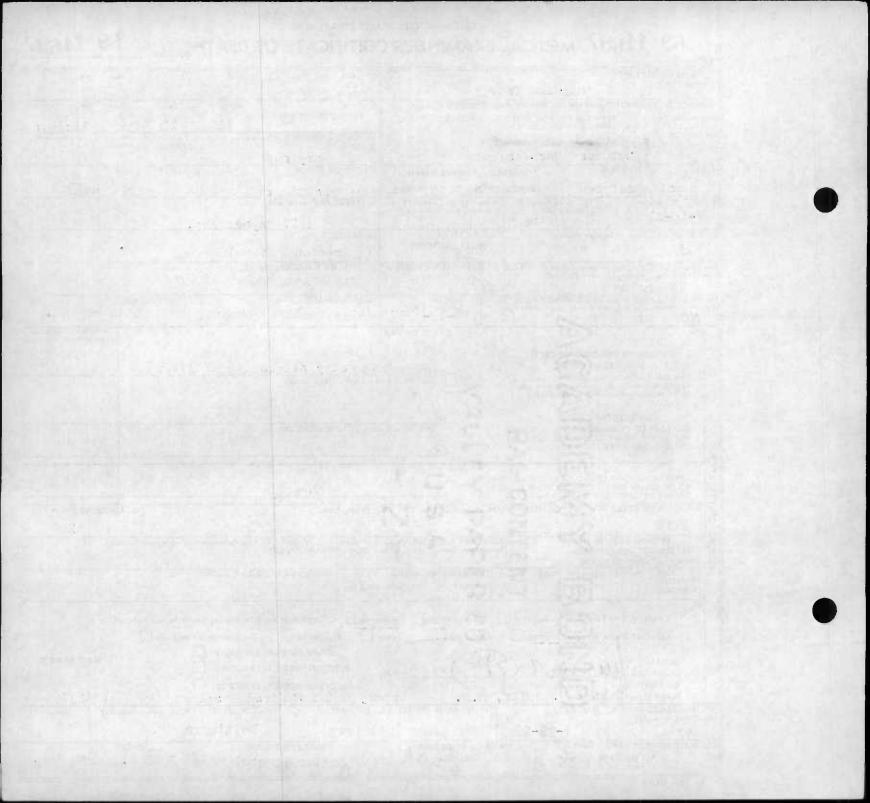
69 11696 REG. NO.

(LIYP)	TH NO. IAME OF DECEASED De or Print) TO HINSON - CURLAN	VD. 2. DATE AND HOUR OF DEATH
3. P	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admis
		4003 BONNER ROAD. BALTIN
HO:	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
IN 2	LUTHERAN HOSPITAL OF MD	CITY. YES NO
11	16 UTHERAN HOSPITHLUL.	E. STREET AND NUMBER
7	6	400 3 BONNER NOHT. 190
S. SI	6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	= 1 /0 - 5 - 0 0 loss amiles
10A.	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU	
	e during most of working life, even if retired)	MD. U.S.A.
13. F	Interior Decrator Self-employed	14. MOTHER'S MAIDEN NAME
	?	Margaret Gross
15. V	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
	s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	37 Mrs. Dorothy Mike 1131 Chaplin St. Wash
-	118. 217-05-78	
	1 8 3 , 3	BETWEEN ONSET AND D
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE (DIE TO CO	CAUSE CARCINOMA OF SIGMOID RAS A CONSEQUENCE OF: COLON.
		R AS A CONSEQUENCE OF: COLON.
	injury or complication which coused death.)	TOTAL STATE OF THE
	ANTECEDENT CAUSES (B)	TASTASIS-IN-LIVER.
	DISEASES OR CONDITIONS, if any, giving DUE TO, Corise to the above couse (A) stating the	K AS A CONSEQUENCE OF:
	UNDERLYING CONDITION last. (C)	
Z	III	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
CATIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I [A]. 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
CATIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A-DATE OF OPERATION WAS PERFORMED WAS PERFORMED ARCINOMA OF SIGMO 21A. ACCIDENT WAS UNDERLYING TO 21B. PLACE OF INJURY	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 2.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) the office bldg., INJURY OCCUR?
CAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED WAS PERFORMED ARCINOMA DESIGNO 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY	IN CERTIFYING CAUSES OF DEATH? IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location)
CAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED CARCINOMA OF SIGMO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	IN CERTIFYING CAUSES OF DEATH? Seg., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) 21F. HOW DID INJURY OCCUR?
AEDICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I [A]. 179A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED ARCINOMA OF SIGMO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Not	IN CERTIFYING CAUSES OF DEATH? a.g., in or obout 21 C. WHERE DID tt, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location)
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A-DATE OF OPERATION 179B. CONDITION FOR WHICH OPERATION WAS PERFORMED CARCINOMA OF SIGMO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED While At Not Work Not Work	IN CERTIFYING CAUSES OF DEATH? e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) 21 F. HOW DID INJURY OCCUR?
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A-DATE OF OPERATION WAS PERFORMED CAR CINOMA OF SIGMO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work 22. I certify that (1) (this haspital) attended the deceased from	IN CERTIFYING CAUSES OF DEATH? e.g., in or obout of injury occur? 21F. HOW DID INJURY OCCUR?
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A-DATE OF OPERATION WAS PERFORMED CAR CINOMA OF SIGMO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work 22. I certify that (1) (this haspital) attended the deceased from	IN CERTIFYING CAUSES OF DEATH? e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) 21F. HOW DID INJURY OCCUR? While 70 - 6 19 6 9 to 11 - 7 19 6 9 19 6 9 and that in (my) (owr) opinion death occurred on the
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED ARCINOMA OF SIGMO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) Work 1 Not Work 22. I certify that (1) (this haspital) attended the deceased from that (1) (we) last saw the deceased alive an 1 - 2	IN CERTIFYING CAUSES OF DEATH? Page In or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 179A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED ARCINOMA OF SIGMO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) While At Not Work Not Work Not Work Not Work Of INJURY (APPROX.)	IN CERTIFYING CAUSES OF DEATH? e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) 21F. HOW DID INJURY OCCUR? While 7 21F. HOW DID INJURY OCCUR? While 7 21F. HOW DID INJURY OCCUR? 19 6 9 to 11 - 7 19 6 2 19 6 9 and that in(my) (owr) opinion death occurred on the opt) view the body ofter death.
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A-DATE OF OPERATION 179B-CONDITION FOR WHICH OPERATION WAS PERFORMED CAR CINOMA OF SIGMO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work 22. I certify that (1) (this haspital) attended the deceased from that (1) (we) last saw the deceased alive an	IN CERTIFYING CAUSES OF DEATH? Supply in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED CARCINOMA OF SIGMO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 21C. I certify that (1) (this haspital) attended the deceased from that (1) (we) last saw the deceased alive an and hour and from the couses stated obove, (1) (We) (did) (did not deceased) 23A. SIGNATURE	IN CERTIFYING CAUSES OF DEATH? Page, in or about 21 C. WHERE DID (If in Boltimore City, give exact location)
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B- CONDITION FOR WHICH OPERATION WAS PERFORMED CARCINOMA OF SIGMO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (this haspital) attended the deceased from that (1) (we) last saw the deceased alive an	IN CERTIFYING CAUSES OF DEATH? Supply in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A.DATE OF OPERATION 179B. CONDITION FOR WHICH OPERATION WAS PERFORMED CARCINOMA OF SIGMO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D.TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work Work 22. I certify that (1) (this haspital) attended the deceased from that (1) (we) last saw the deceased alive an 1/2 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A JINDER. P. GANDH1 DEGREE	IN CERTIFYING CAUSES OF DEATH? Seg., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)

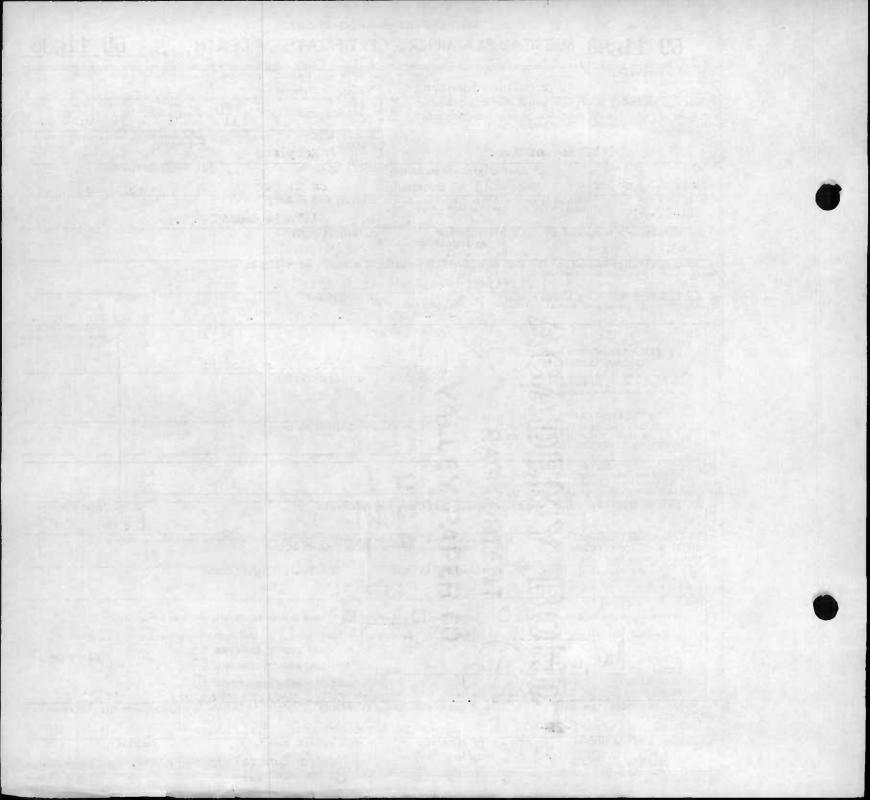
VS 150-REV. 1/1/6B



69 11697 MEDICAL	EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	69	11697
1. NAME OF DECEASED		2. DATE	Knawn K	Month	Day	Year	Hour
(Type or Print) Mildred Tat	e	OF	Estimoted				
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		3. DATE		Month	Day	Year	Haur M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTI		PRONO	UNCED DEAD	11	22	69	11:10 ам.
OR INSTITUTION		5. USUAL R	ESIDENCE (Where		ed. If institution B. COUNTY	residence	before odmissian)
40 Lutheran Hospital			Maryland		b. CODIVIT		1604
6. SEX 7. RACE 8. MARRI	ED NEVER MARRIED	C. CITY OR			D. INSIDE CI	TY LIMITS?	
female colored widow			Baltimore		YE	s 🛛	NO 🗆
9. DATE OF BIRTH 10. AGE (In years last birthday) 48	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Haurs, Min.	E. STREET	1827 Ray	ynêr Av	7e.		
	2. CITIZEN OF	13. FATHER	'S NAME				
Md	WHAT COUNTRY?	Pre	eston John	son			
14A.USUAL OCCUPATION (Give kind of work 14B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	ME			
done during mast of warking life, even if retired) Housewife	ome	Eliz	abeth Mas	on			
16 WAS DECEASED EVER IN U.S. ARMED FORCES	117. SOCIAL	18. INFOR	MANT		Al	DRESS	
(Yes, na ar unknown) (If yes, give wor or dotes of service)	213-12-3797	Miss	Rosetta J	Tohnson	1824 \	Vestwo	od Ave.
19. 5 7/	CAUSE OF DEA	тн					PPROXIMATE INTERVAL VEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY							
LEADING TO DEATH	(ANIMMEDIATE O	AUSE Fat	ty alterat	tion of	liver		
(This does not mean the mode of dylng, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR	AS A CONSEC	UENCE OF:				
injury ar camplication which caused deoth.)							
ANITECTO FAIT CANCEC							
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING	(B)	AS A CONSE	QUENCE OF:				*********
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
Z UNDERLING CONDITION LAST.	, (C)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION F		0.00					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMS	NG NAL		Obesity				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************						
20A. DATE OF OPERATION 20B. CONDITION F	OR WHICH OPERATION W	AS PERFORM	MED			21. AUTO	PSY? (Yes or No)
L PC							yes
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH.	28. PLACE OF INJURY (e.g., nome, form, foctory, street, affic	in ar obout 2 e bldg., etc.)	22C. WHERE DID NJURY OCCUR?	(If in Boltimo	e City, give exa	ct location)	
22D. TIME (Manth) (Day) (Year) (Haur	22E.INJURY OCCURRED		ZF. HOW DID IN	JURY OCC	JR?		
OF INJURY (APPROX.)		WHILE WORK					
23. I certify that I held an Inquiry	Inspection Au	topsy 🗓	and that on t	his basis.	death in my	opinion	
	Accident Sulcid		omicide		A		
resulted from: Natural causes A	Accident						
ACTUAL IIIII 1	M		CHIEF MEDICAL I		H		DATE SIGNED
SIGNATURE HUNNING	M.D	ASSI	STANT MEDICAL	EXAMINER			
EXAMINER'S	N.D. Dam		CIATE MEDICAL E				1/00/60
NAME (Type) Werner U. Spitz	24C. NAME of CEMETERY		ief Medica	LOCATION			1/23/69
REMOVAL (Specify) Burial 11-28-69	Mt Auburn C			Baltim		, or county) (Stote) Md
	AME OF REGISTRAR		FUNERAL DIRECT			DDRESS	
NOV 28 1969 3 6 6	E. Jaber, M.D.		itter Fung				orth Ave.
VS 151 PEV 1/1/48			000				



69 Sirth No.	11698 MED	ICAL	EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	69	11698	
I. NAME OF DEC	CEASED R	h Johnson	2. DATE OF DEATH	Known 🖎	Month	Doy	Yeor	Hour M.		
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)					UNCED DEAD	Month 11	Doy 21	Yeor 69	6:48 р. м.	
ORINSTITUTION 1827 Rayner Ave.					A. STATE Maryland B. COUNTY 15 02					
o. sex male	MAK			C. CITY OR TOWN Baltimore D. INSIDE				YES NO		
9. DATE OF BIRTI	I - A b task I -		If Under I Yr. If Under 24 Hrs. Months Doys Hours Min.	E. STREET	AND NUMBER	twood	19 10		140	
11. BIRTHPLACE(State or loreign country) Md .			12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME King Butler						
	vorking life, even if retired)		of Business or Industry ert Distellery	Leanora M. Johnson						
(Yes, no or unknown)	ED EVER IN U.S. ARMED	FORCES of service)	7 17. SOCIAL SECURITY NO. 219-38-3723	Mrs.	MANT Leanora M	. John		DDRESS 4 West	wood Ave.	
heart failure Injury or con Al DISEASES (RISE TO THE	not mean the mode of dy , osthenia, etc. It means the nplication which coused dec NTECEDENT CAUSES OR CONDITIONS, IF ANY E ABOVE CAUSE (A) STA NG CONDITION LAST. II HEFICANT CONDITIONS C	disease, oth.) , GIVING ING THE	(8) DUE TO, OR	AS A CONSE						
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).									. AUTOPSY? (Yes or No) Yes	
UNDERLYING UTING CA 22D. TIME OF INJURY (APPROX.)	NAL CAUSE WAS CONTRIB- USE OF DEATH. (Month) (Doy) (Year) (Hour		while	22C. WHERE DID (NJURY OCCUR?					
ACTUAL SIGNATU EXAMIN NAME (T	URE Noturol could be seen to the seen to t	Spir	Accident Suicid	ASSI DUTY CI or CREMATO	CHIEF MEDICAL E STANT MEDICAL E DCIATE MEDICAL E DIEF MEDICAL DIEF MED	Undetermi XAMINER XAMINER XAMINER al Exa LOCATION	miner (City, lown		DATE SIGNED /22/69 (Stote)	
	11-28 BY HEALTH DEPT. V 28 1969	258. N	Mt Auburn	25 C.	FUNERAL DIRECTO		A	DDRESS We No:	Md rth Ave.	
VS 151-REV. 7/1/68	3		- J - 7 - 6	U	9 9 6	3			1	

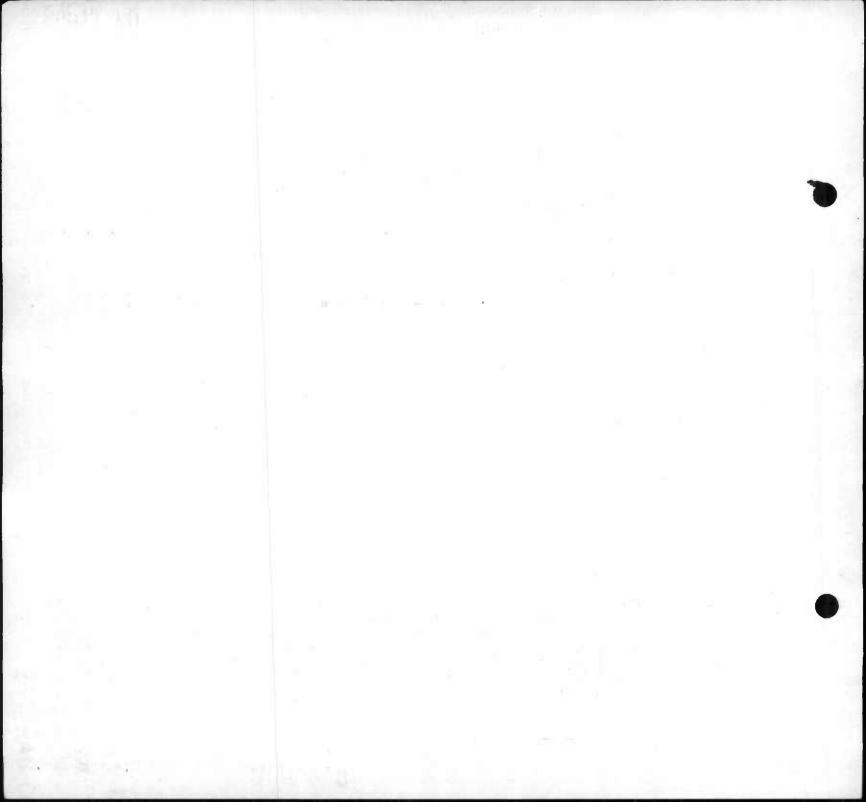


BALTIMORE	CITY	HEALTH	DEPARTMENT
-----------	------	---------------	------------

REG. NO.	69	11699	
			*

che th	BIRTH NO. 69 11699 CERTIFICA	ATE OF DEATH		
Su	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH		
Pour.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)		
000	S. PLACE IN BALLIMORE MARILAND, WHERE PROHOGNEED DEAD	A. STATE B. COUNTY		
use (5) I dance	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?		
use; tend r to		Belimole YES NO		
cau att	46 Luthern Hospital	E. STREET AND NUMBER 1711, N. Fulton Avenue		
buti ned lar d pr ade.	5.4 SEX 6. RACE 7. MADDIED DEVED MADDIED			
T E B E	S, SEX 6. RACE 7. MARRIED TEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths Doys Haurs Min.		
er er es	10A, USUAL OCCUPATION (GIVe kind of work 10B, KIND OF BUSINESS OR INDUSTRY			
(4) Undet was in the dec	done during most of working life, even if retired) American Sugar Ref.	South Carolina U. S. A.		
Un Cus	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
(4) × t ds	Samuel Robinson	Chaney ?		
ind; (eath	15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL (l'es, na ar unknown) (lif yes, give war ar dates af service) SECURITY NO.	17. INFORMANT ADDRESS		
the dec nce fina	No 212-09-5876	Mrs. Margaret Camak - 1711 N. Fulton Ave.		
any ced nda	18. CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
So to	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Sooks a come 8		
A e S e E	(This does not mean the made of dying, e.g., (A) IMMEDIATE CA!	A CONSEQUÊNCE OF:		
9 7 7 2 5	heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)			
min ho egul	ANTECEDENT CAUSES (B) ex fer	s A CONSEQUENCE OF:		
D 4 3 - 5	DISEASES OR CONDITIONS, il ony, giving rise to the obave couse (A) stoting the	A CONSEQUENCE OF:		
an an ir	UNDERLYING CONDITION lost, (C)	N/t		
20 20 20 20	Z CONTROLLE CONTROLLE			
F	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).			
a m ody he p sicia	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
× = × =	W Comment of the comm			
al by (2) lere o ph	☐ 21A. ACCIDENT WAS UNDERLYING ☐ 21B. PLACE OF INJURY (e.g., hame, form, foctory, street, cetc.) ☐ DEATH (notify medical examiner)			
- 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	21D. TIME (Manth) (Doy) (Year) (Haur) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
pt pt (6)	₹ (ABBBOX) White At Not Whi	le 🖳		
4	22, 1 certify that (1) (this hospital) attended the deceased fram			
	3 .111	9 1 19 (ond that in (my) (aur) apinion death accurred an the date		
ased to lent of sspital death) nust be	and haur and fram the causes stated above, (I) (We) (did) (did nat)	view the bady after death.		
released accident o a hospita or to death	23A. SIGNATURE DA SECOLO	23B, DATE SIGNED		
ccic to to	OEGREE Phy			
An a An a prior	PRATIMA KHASTAGIR	23D. ADDRESS C. Thosen Hospital.		
- 4	OEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	Car of Caro		
7000	REMOVAL (Specify) Burial 11-25-69 Arbutus Memoria.			
the bod shows: was D.C decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF PEGISTRAN	25C. FUNERAL DIRECTOR ADDRESS		
the k show was dece	NOV 28 1969	Nutter Funeral Home 3035 W. North Ave.		

VS 150-REV. 1/1/6B



FUNERA	FUNERAL DIRECTOR: IMPORTANT	IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death o	edical examiner	or his assistant if death
the body was released to the hospital by a medical examiner. Also, if the direct or con	fical examiner.	Also, if the direct or co
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undeter	irns; (3) A fractur	e of any kind; (4) Undete
was D.O.A. at a hospital (except where the physician who pronounced death was in re	sician who prop	nounced death was in r
deceased prior to death); and (6) No physician was in regular attendance on the decea	was in regular	attendance on the dece
Written approval must be obtained before the re-	maine are ambal	mad or tinal distant

written approv deceased prior

VS 150-REV. 1/1/68

death Deceased

of

cause

tributing

ccurred

mined cause; (5)

hospital

Suct

death.

0

LO

ance

attend

BALTIMORE CITY HEALTH DEPARTMENT 69 11700 11700 REG. NO CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Bessie Liles 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 2:00 p. M. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland C. CITY OR TOWN D. INSIDE CITY CIMITS Provident Hospital, Inc. mine agular a, sed prior YES X NO T Baltimore
E. STREET AND NUMBER 1514 Division Street Baltimore, Maryland 21217 805 N. Monroe Street 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) * MARRIED NEVER MARRIED If Under 1 Yr. If Und Months Days Hours If Under 24 Hrs. Negro WIDOWED X Female DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State at foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Hospital North Carolina U.S.A. Nurses Aid 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Betty Robinson George West 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS \$ECURITY, NO. 244-34-8120 Mrs. Etta Leak 805 N. Monroe Street NO 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, asthenio, etc. 11 means the disease, DUE TO, OR AS A CONSEQUENCE OF injury or camplication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF rise to the above cause (A) stating the UNDERLYING CONDITION last. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED CYSTOSCOPY 20A. AUTOPSY? (Yos or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (II in Boltimore City, give exect location) MEDICAL DEATH (notify medical examined) 21 D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX) Work 22. I certify that (4) (this haspital) attended the deceased from 45/69 November that (+) (we) last sow the deceased alive on.... November 25,19 69 and that in (my) (our) apinian death accurred an the date and hour and fram the causes stated abave. (4) (We) (did) (did not) view the bady ofter death. 23A. SIGNATURE 23B. DATE SIGNED Attending [X Staff Phys. Director L Phys. 11-25-69 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS Mathur Dr. 1514 Division Street OEGREE 24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State) 11/29/69 Arbutus Memorial Park Baltimore Co. Maryland 25A. DATE REC'D BY HEALTH DEPT. 25R NAME OF RIGISTRA

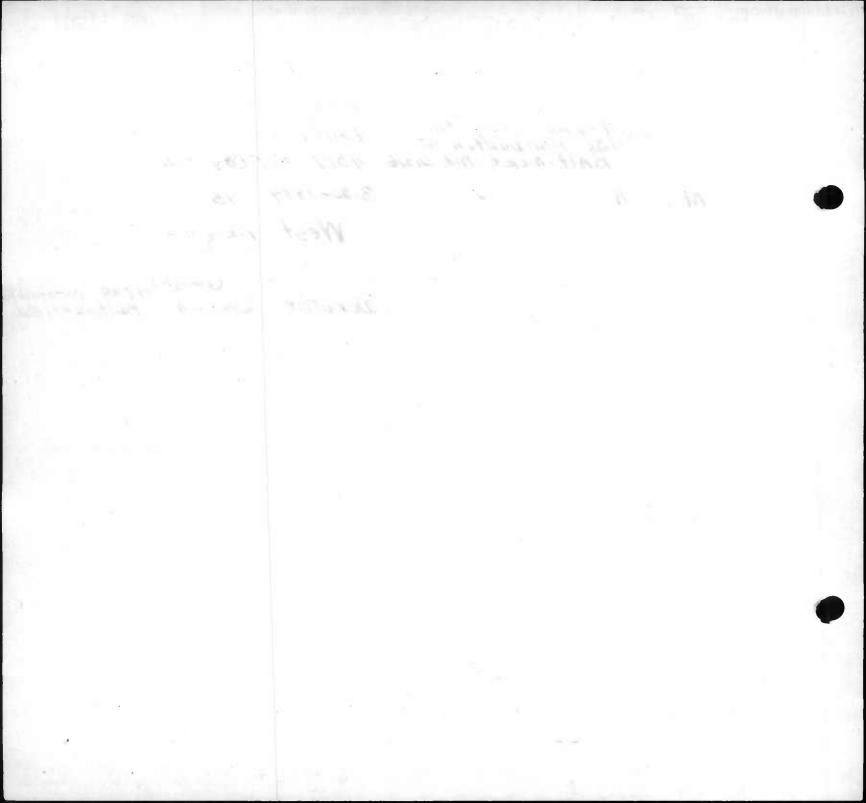
25C. FUNERAL DIRECTOR

Herbert B. Nutter-3035 W. North Ave.

10 N

	,
ANT	
IMPORTA	
ECTOR:	
ECI	
F	
ERAL	
2	
7	
4	
FU	
-	

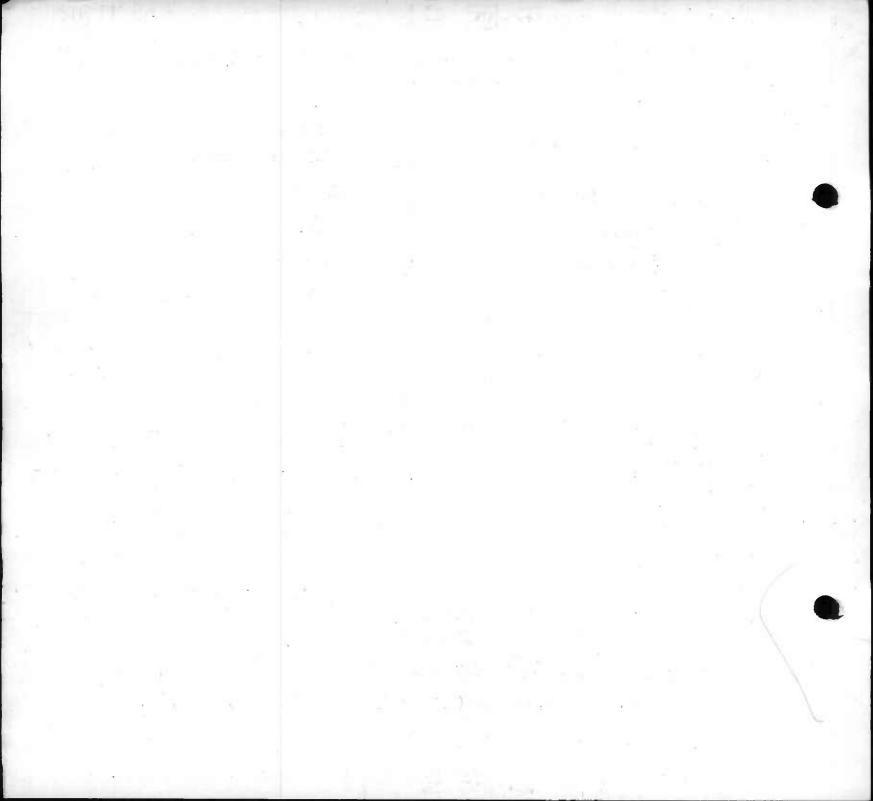
BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH spital and of death (4) Undetermined cause; (5) Deceased Such on the BIRTH NO. 2. DATE AND HOUR OF DEATH NAME OF DECEASED Type or Print) 26a hospital 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence A. STATE B. COUNTY) death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance or contributing cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR D. INSIDE CITY LIMIT 9 YES 2 NO prior occurred made. regular 9. AGE If Under 1 Yr. Months: Doys If Under 24 Hrs. 8. DATE OF BIRTH S. SEX 6. RACE deceased Hours last birthdoy) WIDOWED disposition is 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA CE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 2 done during most of working life, even if retired) orter Home Bent MOS 13. FATHER'S NAME the assistant if Daisy Carrol death 0 kind; 15. Was Deceased Ever in U. S. Armed Forces 7. INFORMAN ADDRESS 38 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. ance No fracture of any pronounced CAUSE OF DEAT or BETWEEN ONSET AND DEATH attend DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not meon the made of dying, e.g., DUE TO, OR AS A CONSEQ heart failure, asthenia, etc. It means the disease, by the chief medical examiner examiner. gular injury at camplication which caused death.) ANTECEDENT CAUSES who DUE TO, OR AS A CONSEQUENCE OF 4 are Body burns; (3) A DISEASES OR CONDITIONS, if any, to the above cause (A) stating the physician the remains UNDERLYING CONDITION last. MOS a medical 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION the before 2 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exoct location) where to the hospital MEDICAL ° DEATH (notify medical examiner) etc.) nature; be obtained 9 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not While approved OF INJURY (except While At (APPROX.) Work At Work and any /1-22. I certify that (1) (this haspital) attended the deceased from 11-26 death); that (1) (we) lost saw the deceased alive on. and that In(my) (our) opinion death occurred on the date of hospital the body was released and haur ond from the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth. must An accident 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Staff Director ___ 0 approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior to 24A. BURIAL CREMATION. 4 shows: (1) eceased 0.0 REMOVAL (Specify) Baltimore Co., Md. Arbutus Memorial Park 12-1-69 Burial MOS 258, NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS Home 3035 W. North Ave. VS 150-REV, 1/1/68



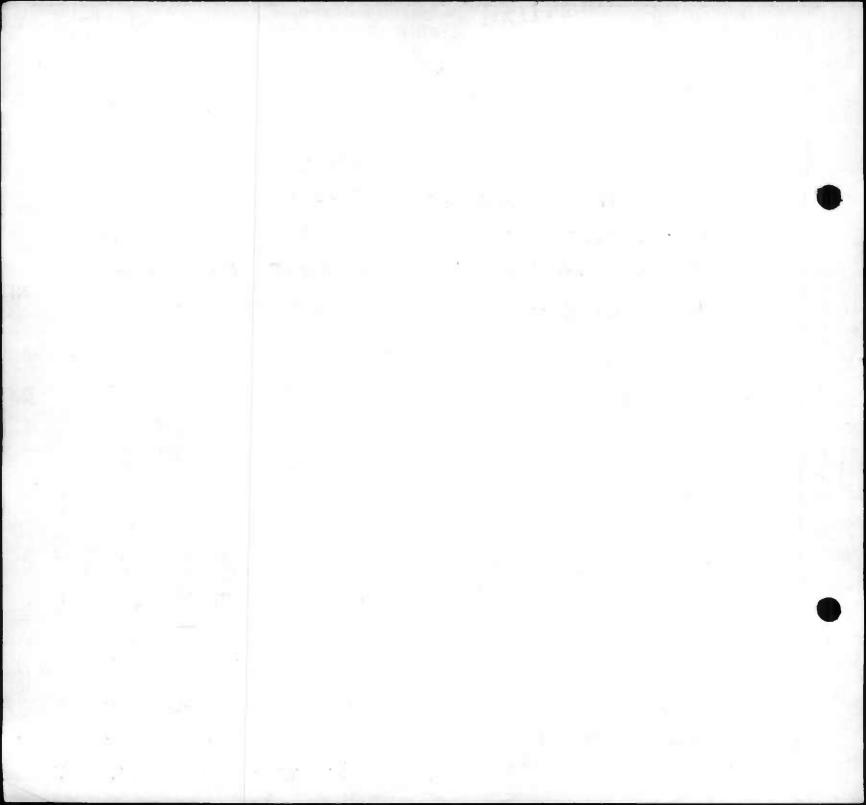
RGB

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

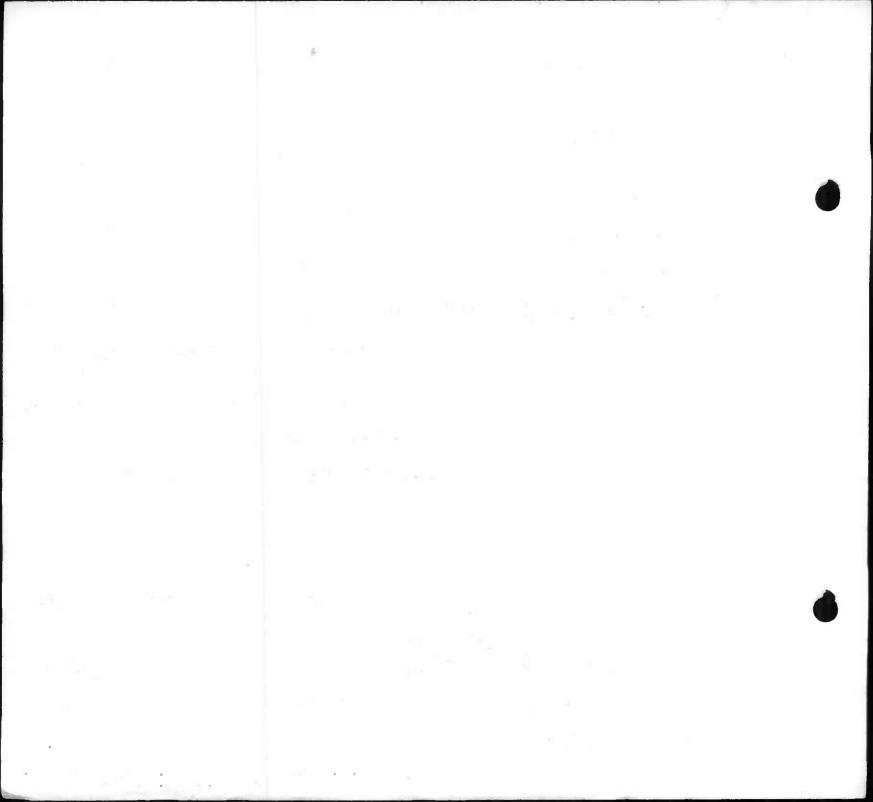
1	1- 752 00	BALTIMO	RE CITY	HEALTH DEPARTMENT	./	69 11702
210	69 1	11702 CERTI	FICA	TE OF DEATH	REG. NO.	00 11/04
	TH NO. AME OF DECEASED				ND HOUR OF DEATH	4
		Cecelia Hagens			No¥. 26, 19	69 3 P M
3. 1	PLACE IN BALTIMORE, MARYLAND, WHI	ERE PRONOUNCED DEAD		A. STATE B. COUR	ere deceosed tived. If i NTY	institution: residence before odmission)
FU	LL NAME OF (IF NOT IN HOSPITAL SPITAL OR ADDRESS OR LOCATI	. OR INSTITUTION, GIVE STR ION)	EET	C. CITY OR TOWN	D 1816	SIDE CITY HARTS?
INS	TITUTION			Colver	D. IN	YES NO
- I	Baltimore City Hospita	l.		E. STREET AND NUMBER		123 110
1	3/			253 Secon	d Street	
5. S	6. RACE 7.	MARRIED X NEVER MARR	IED 🗌	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	F W	WIDOWED DIVOR	ED 🗌	11/4/02	67	173.113
	USUAL OCCUPATION (Give kind of work 10 during most of working life, even if retired)	B. KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
UUIII	Housewife			Pa.		USA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
	John Makin			Agnes Rage	r	
	Was Deceased Ever in U. S. Armed Force ,no or unknown) (If yes, give wor or dotes			17. INFORMANT		ADDRESS
	No			US PHS Hosp	ital records	3
	18. 4 DISEASE OR CONDITION DIRECT	CTLY CAUSE O	F DEATH	T .		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMED	IATE CAU	SE Munca relie	al inform	et hours
	(This does not meen the mode of dying, e.g., heart failure, osthenio, etc. It means the disease, injury or complication which caused death.)		SE MYOCAYOLIC A CONSEQUENCE OF:			
	ANTECEDENT CAUSES		LP	a da Tarta	,	11-000
	DISEASES OR CONDITIONS, if on	y, giving (B) DUE TO	O, OR AS	A CONSEQUENCE OF	2	geors
	rise to the obove couse (A) s	loting the				
		(C)	***********			
TION	THER SIGNIFICANT CONDITIONS CONTRIBUTING Hodel			int disces	ie.	months
<		TION FOR WHICH OPERATION	ξ, "		o) 20B. IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC	WAS PERFO			yes	ye	
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJU home, form, foctory, etc.)	RY (e.g., in street, off	i or obout 21 C. WHERE DID ince bldg., INJURY OCCUR?	(If In Boltima	ore City, give exact location)
ш	21 D. TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21E, INJURY OCCUP	RED	21 F. HOW DID IN	JURY OCCUR?	
\$	(A PPROX.)		Not White At Work	· 🗆		
	22. 1 certify that (1) (this hospital)	attended the deceased fro	DF	AD ON ARRIVAL I	REOM CLTY HO	OSPITAL 11/26/69
	that (1) (we) last saw the deceased	77/26/		19and tl	hat in (my) (gur) ap	oinian death accurred an the date
	and haur and fram the causes stated	d abave. (I) (We) (did) (di	d/nat) vi	iew the bady after death.	Piga.	
	23A. SIGNATURE			nding 57 Mad 57	Shell 57	23B, DATE SIGNED
Peter A Phul port MT OEGREE Phys. Attending Med. Director Phys.				Phys.	11/26/69	
	23C. PHYSICIAN'S NAME (Type)	Carmenan (D)	2	IS DUS Hospit	tol Polto	164
24A	Peter J. Philpott, Burial CREMATION, 248. DATE	Surgeon (R)	OEGREE	US PHS Hospid		City, town, or county) (State)
	REMOVAL (Specify)					D.
2SA	DATE REC'D BY HEALTH DEPT. 25	5B. NAME OF REGISTRAR		2SC. FUNERAL DIRECTO	RENSBO	ADDRESS
	NOV 28 1969 304	E. JaBer K. D.	3 0	84.68. DE16	UNS & SONS CA	0. 4905 YORK RD.
VS	150-REV, 1/1/68					



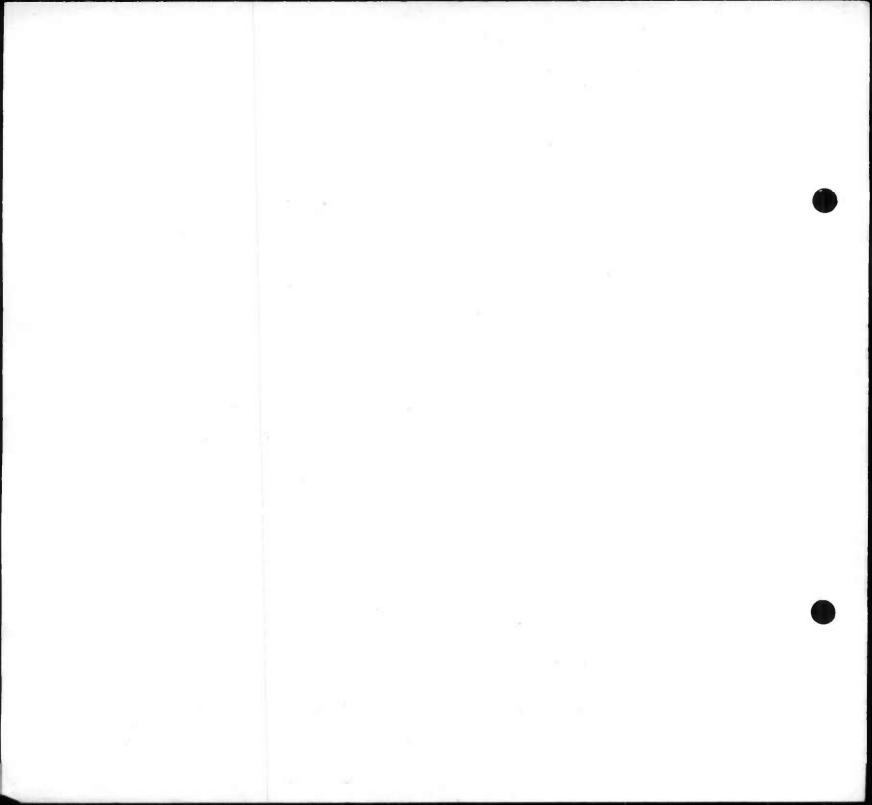
BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. RTIFICATE OF DEATH Such and rect or contributing cause of death (4) Undetermined cause; (5) Deceased on the M.E. CASE NO. 2, DATE AND HOUR OF DEATH (Type or Print) a hospital eath. 3. PLACE OF DEATH IN 4. USUAL RESIDENCE (Where deceased fived. If institution: residence before admission) attendance B. CDUNTY A. STATE MOR FULL NAME DF (If not in hospitol or institution, give street HD SPITAL DR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) 0 prior D. STREET ADDRESS (If rurol, give tocotion) occurred NR is made. regular 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. 9. AGE (In years 6. RACE deceased Doys Hours Months WIDOWED, DIVORCED (specify) tast birthday) WIDOWE 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition death WHAT COUNTRY? = done during most of working life, even if retired) GOVERNM BALTO TAX CONSULTANT Was 14. MOTHER'S MAIDEN NAME the WA MINNIE eath 0 kind; 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance E any pronounced 0 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Also, of embalmed LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, the chief medical examiner examiner. 9 injury or complication which caused death.) regul ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if ony, giving 3 to the obove couse (A) stoling the physician be obtained before the remains UNDERLYING CONDITION lost. Was medical burns; CERTIFICATION DTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED DISEASE DR CONDITION CAUSING IT. Body 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 0 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, sheet, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Baltimore City, give exact location) where to the hospital ŝ MEDICAL DEATH (notify medical examined) etc.) nature; (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 approved OF INJURY (except While At Not While (APPROX.) At Work and Work any 22. I certify that (1) (this hospital) attended the deceased fram 63 death); that (1) (we) last saw the deceased alive on. ond that in(my) (our) apinion death accurred an the date of hospital the body was released must and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. accident 23A. SIGNATURE 23B. DATE SIGNED certificate must Attending Phys. Med. Director Stoff 0 Phys. approval O 23C. PHYSICIAN'S 23D. ADDRESS prior ŧ NAME (Type D.O.A. shows: (1) 24A. BURIAL CREMATION. 24D. LOCATION deceased REMOVAL (Specify) Md. Balto. Co. -29-1969 Oaklawn Cemetery Burial DV 28 1969 MOS 25C. FUNERAL DIRECTOR ADDRESS & Su. Road 1212 kins Sons 4905 Balto ork VS 150-REV. 1/1/65



	7-650 69 11004 CENTIFICA	Y HEALTH DEPARTMENT 69 11704
유	BIRTH NO. LI /U4 CERTIFICA	TE OF DEATH REG. NO.
on the	1. NAME OF DECEASED TREWIN, FRANK HOT	WARD 2. DATE AND HOUR OF DEATH 7 P
a te	3. PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
S E &	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md BALTIMORE COUNTY
attend ior to	UNION HEMORIAL HOSPITAL	C. CITY OR TOWN BALTIMORE D. INSIDE CITY LIMITS? YES NO
- de	YELU	E. STREET AND NUMBER 820 TRAFALGAR ROAD TOWSEN OG
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths; Doys Hours; Min.
reg sas is n	MALE WHITE WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY	1/19/1873 76
dece ition	done during most of working Itie, even it retired) Meline (Cill's)	PENNSYLVANIA 12. CITIZEN OF WHAT COUNTRY?
h wan the dispos	TREWIN, FRANK WILLIAM	14. MOTHER'S MAIDEN NAME AMY WOOD
deat ce o	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) (If yes, give wat at dates of service) AKNOWS V	17. INFORMANT ADDRESS.
dan or fi	18. CAUSE OF DEAT	
o to	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	USE CARDIAC ARREST BUENTOCK
prono prono lar at balm	(This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:
000	ANTECEDENT CAUSES (B) MEOCA	FRUAL INFARETION // HOURS
in re	along to the other of the day of	A CONSEQUENCE OF: SEEROTIE PARICULASE, DILEASE
rns; sicia was main	z II	INFERMS 1
phy	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	ZTENSION, URINARY TRACT
the physicient the physicient	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A- AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
where No ph	OR CONTRIBUTING CAUSE OF home, form, factory, street, at DEATH (noify medical examiner)	n at about 21C. WHERE DID (If in Baltimore City, give exact location) linjury occur?
d (6) I	OF INJURY (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED White At Not While	21F. HOW DID INJURY OCCUR?
E B X	22. I certify that (I) (this hospital) attended the deceased from	6/09 1030 KM 1969 10 11/26 10 69
al (e h); be o	that (i) (ast saw the deceased alive on 1/26	1969 and that in (my) (of) opinion death accurred on the date
spital spital eath) ust be	and haur and from the causes stated above. (1) (We) (did) (did tot) v	
PE	Januara taul Willer My Atte	nding Med. Shaff Phys. 23B, DATE SIGNED
	JAROSLAU PAUL MIKUS, 4.D.	UNION MEHORIAL HOSPITAL
was D.O.A deceased written ap	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CRE	terry to the territory (2001)
itte	Cremation 11/28/69 Greenmount	Bal timore Md.
K G K N	OV 28 1969 3 Cas E. Feber M.D. 9	H.W. Jenkins & Sons Co. 1905 York Rd. Balto. Md. 21212
-11	VS 150-REV, 1/1/68	U U U Wallio, Mo, CICIC

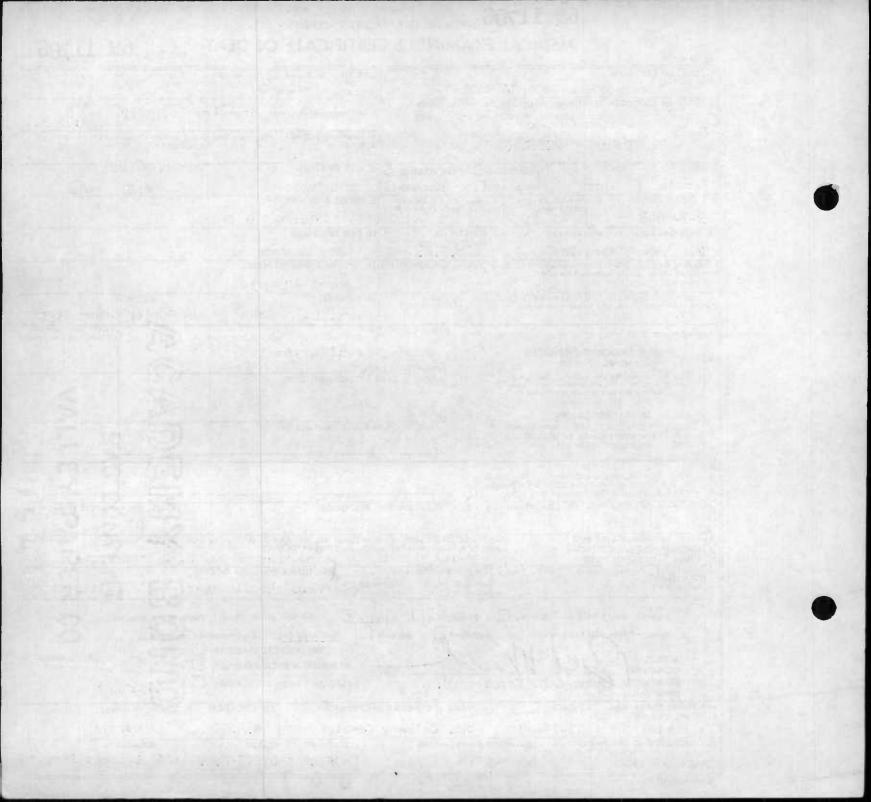


P-540 BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO. 69 11705 CERTIFICATE OF DEATH REG. NO. 69 11705
1. NAME OF DECEASED (Type or Print) PANNELL MARTHA 11/23/69 1 10.35 D
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD [4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) G. CITY OR TOWN D. INSIDE CITY LIMITS?
2442 Druid Hill Ave # 17.
5. SEX 6. RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys Hours Min. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. BIRTHPLACE (Stote or foreign country) 14. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
William Sydner Haggie Mc Grow
15. Was Deceased Ever in U. S. Armed Forces? (IYes, no of unknown) (IIF yes, give wor of dates of service) 16. SOCIAL SECURITY NO. 227-36-7780 TVS. TAYLY Find to 2 2444 Days of 16. SOCIAL SECURITY NO. 227-36-7780 TVS. TAYLY Find to 2 2444 Days of 16. SOCIAL SECURITY NO.
DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart laiture, asthenia, etc. It means the disease, injury or camplication which caused death.)
ANTECEDENT CAUSES ON Newhrotic Syndrame
DISEASES OR CONDITIONS, if ony, giving ise to the above cause (A) stating the
UNDERLYING CONDITION last. (c) Diafetee Melling.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) YES 121A. ACCIDENT WAS UNDERLYING TO 121B PLACE OF INVENTOR 121B PL
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF Information Colors Co
21D.TIME (Manth) (Doyl (Yeoil (Hauth 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work At Work
22. I certify that (I) (this haraltal) estanded the land to
that (1) (we) last saw the deceased olive on Nov 23 1969 and that In (my) (our) opinion death occurred on the date
and hour and from the couses stated above. (1) (We) (did) (did nat) view the body ofter death.
23A. SIGNATURE M. D. Attending Med. Shoff 23B. DATE SIGNED
23C. PHYSICIAN'S Director Phys. L. Director Phys. L.
ANDREAS PETSAS M.D. SINAL HOSPITAL OF BALTO.
24A. BURIAL CREMATION, 24B. DATE 249 NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burgar 11/29/69 Hibuitus Tem ta K Baltimore, Maryland
NOV 28 1969 Cas & Jaber 18 0 0 18 Rector Dyett F. H 1701 LAURENS S



	69	11706	BALTIMORE CITY HE	ALTH DEPARTMEN	ıT			
1-163	MED	DICAL E	EXAMINER'S	CERTIFICAT	E OF DEA	ATH PEG NO	69 117	กล
BIRTH NO.						KEO. 110.22		
t. NAME OF DEC	EASED				wn Mantl	Day	Year Hour	
(Abe of Limit	BARBARA AN	IN LAPI	RADE	OF DEATH Est	Imoted			
4. PLACE IN BAL	TIMORE, MARYLAND, V	WHERE PROP	NOUNCED DEAD	3. DATE	Month	. Poy	Year Hour	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTITU ATION)	TION, GIVE STREET	PRONOUNCED				5 A.,
	VIDENT HOSPIT	TAL (DO	A)	A. STATE		ed lived. If institution: i B. COUNTY	residence before od	mission)
6. SEX	17 BACE	To.			ryland	To thisten our	1600	
	7. RACE		NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CITY		
Female	Negro	WIDOWED		Baltimo		YES	NO 🗆	
9. DATE OF BIRTH	1 10. AGE (I		Under 1 Yr. If Under 24 Hrs. onths, Doys, Hours, Min.	E. STREET AND N	UMBER			
9-7-1948		21		914 Popla	r Grove St	reet		
11. BIRTHPLACE (S	tote or foreign country)		CITIZEN OF	13. FATHER'S NA				
			WHAT COUNTRY?	1204 16	nrado			
Da I L I MOF	e, Maryland	IAR KIND O	U.S.A. F BUSINESS OR INDUSTRY	Lacy Le				-11
done during most of w	orking life, even if retired)	140. KIND O	L POSITAESS OK HADOSTK					
Unemploy	ed	po"		Doroth	/ Laprade			
I6. WAS DECEASE	ED EVER IN U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	18. INFORMANT		ADI	RESS	
No.	(if yes, give wor or doles	or service)	SECORITI INO.	Mrs. Lau	ara Smith	914 Popla	ar Grove S	Stree
19.	7.6 V		CAUSE OF DEA				APPROXIMAT	E INTERVAL
(0)	6 0 IV						BETWEEN ONSE	ET AND DEA
	E OR CONDITION DIRE	CILY	Gunshot	wound of	chest			
	LEADING TO DEATH		(A)IMMEDIATE C	AUSE				
heart failure,	ot mean the made of dy osthenia, etc. It means the	e diseose,	DUE TO, OR	S A CONSEQUENCE	OF:			
injury or com	plication which coused de	oth.)						
44	NTECEDENT CAUSES		4-1					
	OR CONDITIONS, IF AN	Y. GIVING	DUE TO, OR	AS A CONSEQUENC	E OF:			
RISE TO THE	ABOVE CAUSE (A) STA	TING THE					G SEPTE	
Z	IG CONDITION LAST.		(c)					
OTHER SIGN TO THE DEAD DISEASE OR 20A. DATE OF	11							
OTHER SIGN	IFICANT CONDITIONS C						1 2 2 2	
DISEASE OR	ATH BUT NOT RELATED TO CONDITION GIVEN IN P.							
20A. DATE OF	OPERATION 208. COL	NDITION FO	R WHICH OPERATION WA	AS PERFORMED			21. AUTOPSY? (Ye	es or No)
0 1						100		
ZZA. EXTERN	NAL CAUSE WAS	Izan	DIACE OF INITION	1 1 22C WI	JEDE DID W. D. I		yes	
11/1	MOR CONTRIB-	hon	PLACE OF INJURY (e.g., ne, form, foctory, street, office	bldg., etc.) INJURY	OCCUR?	imore City, give exoct	location)	1600
	USE OF DEATH.		House ?	Found	rear of 8	337 N. Fult	on Street	
OF INJURY	Month) (Doy) (Yeo	r) (Hour)	22E INJURY OCCURRED	22F. HC	OW DID INJURY O	CCUR?		
(APPROX.)		m.	WHILE AT WORK AT W	WHILE X Foun	d shot in	rear of 83	7 Fulton	Stree
23.			WORK CA AT W		*			
1 certi	Ify that I held on I	ngulry 🔲	Inspection Au	lopsy X ond	that on this bas	is, deoth in my o	oinion	
l result	ed fram: Notural cau		Accident A Suicid		-	mined manner		
163011	ed ildiii coo	4.1/	Accident All Solcie					
ACTUAL	1 1 . 1	1/1/	11		MEDICAL EXAMIN		DATE S	IGNED
SIGNATU	JRE MIN	Ma	M.D	ASSISTANT	MEDICAL EXAMIN	ER K		
EXAMINE	ER'S Ronald 1	N. Korn	blum,M.D.	ASSOCIATE	MEDICAL EXAMIN	ER 🔲 11/	26/69	
NAME (T	ype)						20/05	
24A. BURIAL CREN	MATION, 24B. DATE	2	24C. NAME of CEMETERY	or CREMATORY	24D. LOCATI	ON (City, town,	or county) (State)
REMOVAL (Specif		-60	Mt. Calvary	Cometery	A.A.	Co	Maryland	
Burial 25A, DATE REC'D							•	
MOV CO 4	OCO A C	1991 200	E OF REGISTRAR		AL DIRECTOR		DRESS	
MAN YOU	ع المالات و الالات	Jaiber	16.60	MORTON	& DYETT F	.H. 1701	Laurens S	treet

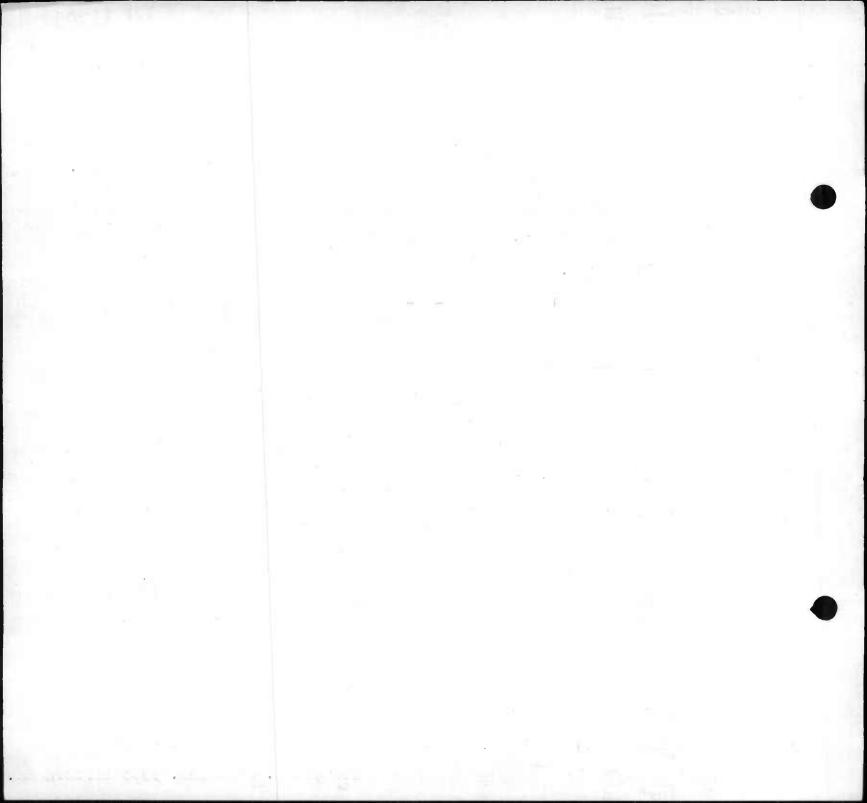
VS 151-REV. 1/1/68



11/	2-653 69 1	11707 BALTIMORE CITY	HEALTH DEPARTMENT		
	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO	69 11707
11	NAME OF DECEASED			D HOUS OF DEATH	
	DESSE GREEN WOOD	<u> </u>	11-	25-69	12:43 P.
3.	PLACE IN BALTIMORE, MARYLAND, WHI	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If ins	stitution: residence before admission)
F(H IN	JLL NAME OF OSMITAL OR ADDRESS OR LOCATI	OR INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSI	DE CHY LIMITS?
11	SOUTH BALTIMORE	GENERAL HOSPITA	BALTIMORE E. STREET AND NUMBER		YES 🔀 NO 🗌
	13		2444 NEVAL	A STREET	
5.	SEX 6. RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours	If Under 1 Yr., If Under 24 His. Months: Doys Hours Min.
		WIDOWED DIVORCED	7-10-10	~ 0	Tools Will,
do	A. USUAL OCCUPATION (Give kind of work 10 the during most of working life, even if retired)	BE KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
123	FATHER'S NAME	ABRICATORS	NORTH CAROLI	NA Oxford	62V
113	FAIHER'S NAME		14. MOTHER'S MAIDEN NAM	AE 3	
16	JOHNAY Greenus		SADIE DAN	iels	
(Ye	Was Deceased Ever in U. S. Armod Forces s,no or unknown) (If yes, give wor or doles o	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
<u>IL</u>	Yes.	224-22-2697	PT'S, CHAR		
	18. 4/ 0 /1	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECT	- ur	monary Edem	a	
	(This does not meon the made of dy heart failure, asthenio, etc. It means the	e disease.	SE CONSEQUENCE OF:		**************************************
	injury or complication which caused de ANTECEDENT CAUSES	ath.)	11/		
	DISEASES OR CONDITIONS, if any	(B)	A CONSEQUENCE OF:		/*** ######## *** *********************
	rise to the above cause (A) statement of the condition last.	aling the	A CONSEQUENCE OF:		
		(C)			
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED TO THE T	FRMINAL			
5	DISEASE OR CONDITION GIVEN IN PART 1	ION FOR WHICH OPERATION	[20A. AUTOPSY? (Yos or No)	20B. IF YES. WERE FI	NDINGS CONSIDERED
ERTI	WAS PERFOR	MED	Ves	IN CERTIFYING CAU	SES OF DEATH?
CAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examines)	21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, off elc.)	or obout 21 C. WHERE DID	(II In Boltimore	City, give exect lecotion)
ED	21 D. TIME (Month! Doy) (Year! (F	doub 21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
8	(APPROX.)	While At Not While Work			
	22. I certify that (I) (this hospital) a		- 16	62 to 11	= 25 1069
	that 🎁 (we) last sow the deceased a	ilive on 11 - 25			an death occurred on the date
	and hour and from the causes stated	above. [] (We) (did) (did tot) vi			The desired on the design
	23A. SIGNATURE	1/ m mm		/	23 B. DATE SIGNED
	Hancel MA	Ocole The Attention Phys.	ding Med. Sirector	hys.	11-11-69
	23C. PHYSICIAN'S NAME (Typel		3D. ADDRESS		
244	BURIAL CREMATION, 248, DATE	DEGREE			
	REMOVAL (Specify)	24C. NAME of CEMETERY of CREA	MATORY 24D. LO	CATION (City,	town, or county) (Stote)
25A	OUR IN 12/1/69 DATE REC'D BY HEALTH DEPT. 1258	NAME OF BEGISTRAD	Cen B	Altimore	, MARY/ANd
11		Ben 40.	25C. FUNERAL DIRECTOR	N 4 = 11	ADDRESS
WS.	150-REV. 1/1/68		THE TRUE TO	14.17 F.H	119 44468



1-235	BALTIMORE CITY	HEALTH DEPARTMENT	(69 11708
ыкти № 69 11708	CERTIFICA	TE OF DEATH	REG. NO.	11/00
1. NAME OF DECEASED (Type or Print) AUGUST H. T.	DESTIN	G 2. DATE AND	HOUR OF DEATH	369 6.24 a.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNTY		4
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	28/9 60	offinora	FAL, # 21214 CITY LIMITS?
Sinai Hospital 8/3	Baltimore	Baltimore		S NO
42 Balto, Md. 21215		E. STREET AND NUMBER	,	273
	NEVER MARRIED		2819 Good	Under 1 Yr. If Under 24 Hrs. onths; Doys Hours Min.
male White WIDOWED	DIVORCED	3/9/1898 105	t birthdoy) 7/ M	onths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	SINESS OR INDUSTRY		,	2. CITIZEN OF WHAT COUNTRY
	etired		mere	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	Dukehart	
Charles F. Joesting S. Was Deceased Ever in U. S. Armed Forces? 16	SOCIAL	17. INFORMANT	Dukenart	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service) Yes WW 1	12-05-6294	+ Louis V	Joestin	1 same
18. STATE OF CONDITION PROPERTY	CAUSE OF DEATH	1	0	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) IMMEDIATE CAU	SE Glear-Fo	wille.	
(This does not meon the mode of dying, e.g., heart failure, osthenia, etc. It meons the disease,		A CONSEQUENCE OF:		
injury or complication which caused death.) ANTECEDENT CAUSES	Par	i'mama BT	Polan	+ day &
DISEASES OR CONDITIONS, if any, giving	(B)OUE TO, OR AS	A CONSEQUENCE OF:	2000	3
rise to the above couse (A) stating the UNDERLYING CONDITION last.	(c) Can	ising gut of	structio	5n
7 11				
O THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
DISEASE OR CONDITION GIVEN IN PART 1 (A). 198. CONDITION FOR WHI WAS PERFORMED WAS PERFORMED	CH OPERATION	20A. AUTOPSY? IYes or No.	20B. IF YES, WERE FINI	DINGS CONSIDERED S OF DEATH?
3 / 11/22/69. Unt Ol	ACE OF INJURY (e.g., i)	or obout 21 C. WHERE DID		ity, give exact location)
OR CONTRIBUTING CAUSE OF home,	form, foctory, street, of	fice bldg., INJURY OCCUR?	iii iii soimioto e	ny, give exect tocollen,
W OF INITIES	JURY OCCURRED	21 F. HOW DID INJUR	Y OCCUR?	
≥ APPROX) While A				1/82
22. I certify that # (this hospital) attended the that # (we) lost sow the deceased alive on	deceased from	11/19/19	67 to 11	12 69
		_ /	in (our) oplnio	n deoth occurred on the do
ond hour and from the couses stated above.	∜e) (did) (did ποι) ν	iew the body ofter deoth.	123	B, DATE SIGNED
Varton	A A Di	nding Med. St	off ys.	
23C. PHYSICIAN'S NAME (Type)	/ UEGREE	23D. ADDRESS		
KANTORN KRITA	YAKIRA NA	Simhi Ho	spital of	Baltimore
REMOVAL (Specify)	E of CEMETERY of CRE		ATION (City,	lown, or county) Stote)
Burial 11/28/69 Mor	eland Memo	rial Park Ba	altimore Ma	aryland
NOV 28 1969 Page & Jaben A	ca.			305 Harford Rd
VS 150-REV. 1/1/6B	7	1-A. A. 3.		O HOLLOID NO



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

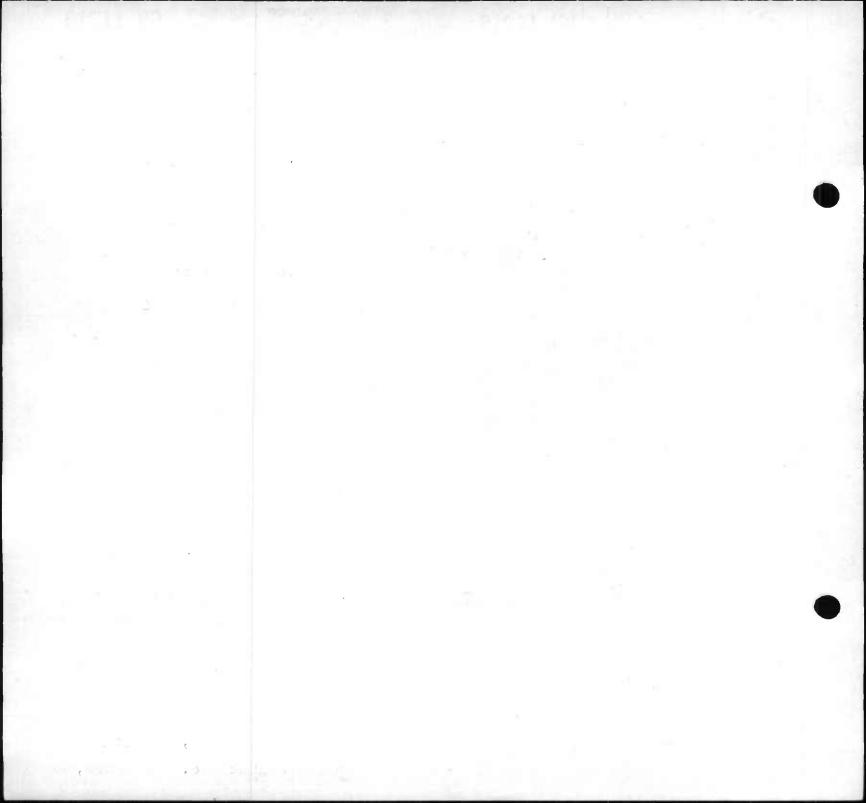
VS 150-REV. 1/1/68

69	11709	BALTIMORE CITY HEALTH DEPARTMENT
		CERTIFICATE OF DEATH

REG.	NO	69	11708
	140.		

BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	00 11/00
1. NAME OF DECEASED (Type or Print) Michael J. Wit	KofsKy	2. DATE ANI	HOUR OF DEATH	69 1 1:17/p M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceosed lived. If ins	titution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTIO HOSPITAL OR ADDRESS OR LOCATION)	N. GIVE STREET	C. CITY OR TOWN	Baltimor	DE CITY LIMITS?
48 Maryland General	4-notal	Baltimore		YES X NO .
The parties of the service	110spi tod	3300 Ches	One Aug	2 +
5. SEX 6. RACE 7. MARRIED X 1	NEVER MARRIED		AON (In years ost birthday)	If Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.
M WIDOWED	DIVORCED	1 -than - 1904	64	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	SINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY
done during most of working life, even il refired) 1 ester et red 13 FAMER NAME		, Maryla	XXXXX	American
131 FATMER'S NAME	. 0	14. MOTHER'S MAIDEN NAM	IE /	
Joseph Witk	ofsky	Eva. S	A THE PROPERTY OF THE PARTY OF	Sporny
15. Was Deceased Ever in U. S. Armed Forces? (Tes.no or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS
no 의	12 03 2035	Wif	e	Same
18. / 6 2 / 1	CAUSE OF DEATH	J		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Mito	+ 0	
(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A) IMMEDIATE CAU		lo Brain	n
injury or camplication which caused deoth.) ANTECEDENT CAUSES	P	0	1	101
DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, ORAS	Ca. Met. to	brain and	16
rise to the above cause (A) stating the UNDERLYING CONDITION last.		TOTAL OF THE		
ONDERLING CONDITION (dst.	(c)	***************************************		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	*****************			
O DISEASE OR CONDITION GIVEN IN PART 1 (A). 194- DATE OF OPERATION 198 CONDITION FOR WHICE WAS PERFORMED	CH OPERATION	20A. AUTOPST? (Yes or No)	20B, IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
		No	IN CERTIFFING CAU	SES OF DEATH?
DEATH (notify medical examiner)	CE OF INJURY (e.g., in irm, factory, street, affi	or obout 21C. WHERE DID ice bidg., INJURY OCCUR?	(If In Boltimore	City, give exect focation)
I OF INJURY	URT OCCURRED	21F. HOW DID INJU	RT OCCUR?	
(A PPROX.) While A	Not While			
22. I certify that 🌎 (this hospital) attended the de			68 to /	1-24 1969
that (1) (lost saw the deceased alive on	11 -24	19_69ond the	fn(my) () opin	Ion death accurred on the date
ond hour and from the couses stated above. (1) (1)) (dld) (dage) vl	ew the body after death.		
23A. SIGNATURE	Atten	dian S Had S 5	1000	23B, DATE SIGNED
23C. PHYSICIANS	19. DEGREE Phys.	Director L. P	hys.	11-24-64
NAME (Type)	2	3D. ADDRESS		
24A. BURIAL CREMATION, 124B. DATE 124C. NAME	OI CEMETERT OF CRES	MATORY	CAVION	
REMOVAL (Specify)				, town, or county) (Stote)
Burial 11/28/69 Holy	Redeemer	25C. FUNERAL DIRECTOR	imore, Ma	ADDRESS
NOV 28 1969 Best E. Jaiber, 160.	900		ck Inc. B	altimore, Md.

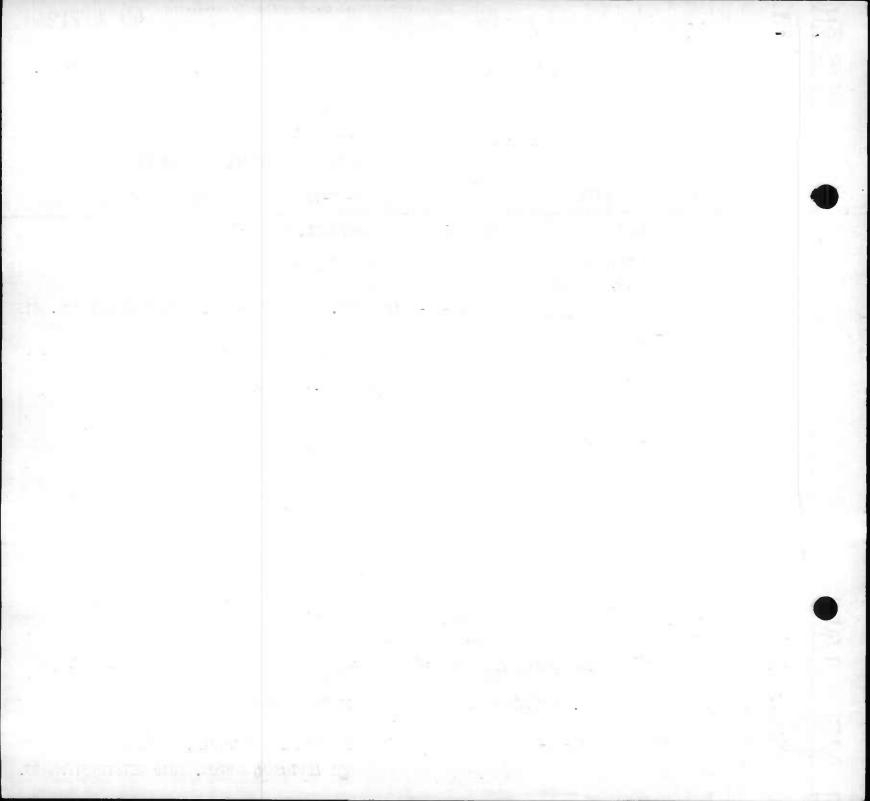
BIRT	7-5/6 69 11730	ATE OF DEATH REG. NO. 69 11710
1. N	AME OF DECEASED	2. DATE AND HOUR OF DEATH
	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before adm
FUL	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. STATE B. COUNTY MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS?
	NION MEMORIAL HOSPITAL	BALTIMORE YES YOU
4	14	643 S. LINWOOD AVE
S	6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 2 Months Doys Haurs A
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUS's during most of working life, even if retired)	
3. 1	FATHER'S NAME Marion Conti Leotta	14. MOTHER'S MAIDEN NAME Tina Gaetana
S. \ l'es	Was Deceased Ever in U. S. Armed Farces? s,no grunknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	Mrs Sarah Weber 430 Ribinson St
	18. / C) G CAUSE OF DE	
	healt foilure, asthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	AS A CONSEQUENCE OF:
ERTIFICATION	DISEASE OR CONDITION GIVEN IN PART I (A)	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CERT	121A, ACCIDENT WAS UNDERLYING! 1 121B, PLACE OF INJURY (e.	g. in ar about 21 G. WHERE DID (If in Raltimare City, give exact location)
CAL	OR CONTRIBUTING CAUSE OF home, farm, foctory, street etc.	affice bldg., NJURY OCCUR?
ā	21 D. TIME (Manth) (Day) (Yeor) (Haur) 21 E. INJURY OCCURRED OF INJURY (A PPROX.) While At Wark At W	21F. HOW DID INJURY OCCUR?
	22. I certify that (I) (this haspital) attended the deceased framthat (I) (we) last saw the deceased alive on	1/25 / 1967 to 19 5 / 1969 and that In(<u>my</u>) (our) opinion death accurred an th
		Attending Med. Staff Phys. 23B. DATE SIGNED 23B. DATE SIGNED 11/75/69 23D. ADDRESS
24A	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or	
	Burial 11/29/69 Holy Redee	mer Baltimore, Maryland
25 A	NOV 28 1969	2SC. FUNERAL DIRECTOR ADDRESS Leonard J Ruck Inc. Baltimore, Md
VS	1SO-REV. 1/1/68	



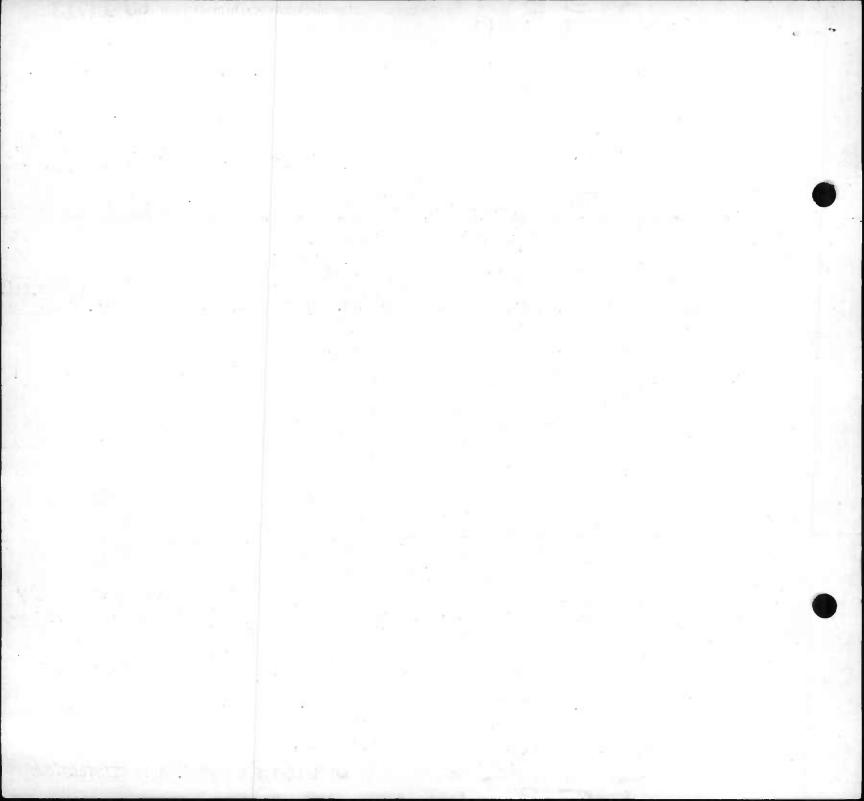
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

E-524 69 11711 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 69 11711	
1. NAME OF DECEASED	
(Type or Print) GERALD B. ENGLISH Draw. 25 1969 10:00 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased fixed, If institution: residence before odm	Pim.
FULL NAME OF (IF NOT IN HOSPITAL DE INSTITUTION, GIVE STREET HOSPITAL DE ADDRESS DE LOCATION)	ssion)
CHURCH HONE AND C. CITY OR TOWN D. INSIDE CITY LIMITS? VES 17 NO 1	
35 AOSPITAL E. STREET AND NUMBER 2000 Q ave. (14)
S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (in years last birthday) Months: Doys Hours A	4 Hrs.
10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Balto. City Dept Balto. City Dept Penna.	INTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
15. Was Decessed Eyer in U. S. Armed Forces? 116. SOCIAL 17. INFORMANT ADDRESS	
Yes WWII Korea 2/6-34-7307 New arrange Academic 3011 Fleed were as the second of the s	1214
DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTER BETWEEN ONSET AND	
LEADING TO DEATH (A)IMMEDIATE CAUSE LEPOLIC COLLEGE (A)IMMEDIATE CAUSE) ,
heart failure, astheria, etc. It means the disease, injury ar camplication which caused death.)	
ANTECEDENT CAUSES 100 helostatic Carcinoma of futer India	Q_{i}
DISEASES OR CONDITIONS, if any, giving risa to the above cause (A) stating the UNDERLYING CONDITION last. (B) DUE TO, OR AS A CONSEQUENCE OF: (C) UNDERLYING CONDITION last.)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	۸,
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. (F YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
OR CONTENENTIAL CALLE OF LAND CONTENT OF CON	
DEATH (natify medical examiner) DEATH (natify medical examiner)	
Work At Work	
22. I certify that (W (this hospital) attended the deceased from No. 1969 to No. 25 1969 that (W (we) last sow the deceased olive on No. 25 1969 and that in (this faur) applicant death accurred an the	
and hour and fram the causes stated above. (Me) (did) (old het) view the bady after death.	
23A. SIGNATURE Altending Med. Stoff Director Phys. 23B, DATE SIGNED (1) 25 6 9	
23 C. PHYSICIAN'S NAME (Type) H. NENDOXA D. D. BLOODWAY D. B. BLOODWAY D. ROUTE, M.L.	31
24A. BURIAL CREMATION. 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Signature)	stel
Burial 11/29/69 Parkwood Cemetery Baltimore, Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR. ADDRESS	
NOV 28 1969 John Ka 9 Deck E. Janker of Registrar Leonard J. Brack Inc. Balto. Md. 21	211.
VS 150-REV. 1/1/68	

-		BALTIMORE CITY	HEALTH DEPARTMENT		CO 44540
+	-255 69 117	12 CERTIFICA	TE OF DEATH	REG. NO	69 11712
D.114.1	I NO. ME OF DECEASED	CERTITOR		D HOUR OF DEATH	
	or Print) SAMUEL F	CHMAN		BER 24. 1969	10.10 0 4
3. PL	ACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where	deceased lived, if ins	10:10 P M. Attitution: residence before odmission)
			A, STATE B, COUNT	11	1841
HOS	NAME OF (IF NOT IN HOSPITAL OR IN PITAL OR ADDRESS OR LOCATION) TUTION	STITUTION, GIVE STREET	C. CITY OR TOWN	D. INSID	DE CITY LIMITS?
1	4215 PENHURST A	ELITE	BALTIMORE		YES NO
0	4213 PENNIURSI AI	LNUL	E. STREET AND NUMBER		
U(AVENUE #212	
5. SE	MARI	NEVER MARRIED	1	ost birthdoy)	Months Doys Hours Min.
104 1	MALE WHITE WIDON	VED DIVORCED DIVORCED	4-26-11	58	12, CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired)				
		EMPLOYEE	SYRACUSE, NEW Y		USA
13. F	THER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
	JACOB FISHMAN		FANNIE ?		
15. W (Yes, r	as Deceased Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dates of serv	SECURITY NO.	17. INFORMANT		ADDRESS
٨	10	216-09-6917	MRS. FANNIE FI.	SHMAN, 4215	PENHURST AVE. #15
1	B. 412.4	CAUSE OF DEATI	carliac an	esh	BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				b. (# . 4 . 4 . 4 . 4
	This does not mean the mode of dying,		SE Anterio Schrite		
1	heart failure, osthenia, etc. It means the disc	ase,	a consequence of:	yestive hel	'ice
'	njury or complication which caused death.)	A	tual libellation	th-	
	ANTECEDENT CAUSES	(B)	A CONSEQUENCE OF:	0700070	
	DISEASES OR CONDITIONS, if any, gi ise to the above cause (A) stating	· mg	A CONSEQUENCE OF:		
	JNDERLYING CONDITION last,	(C)			
z	11				
¥ i	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI O THE DEATH BUT NOT RELATED TO THE TERMI			0 0 0 0 0 0 0 7 7 0 7 7 0 0 0 0 0 0 0 0	
V I	DISEASE OR CONDITION GIVEN IN PART I (A). 9 A. DATE OF OPERATION 19B. CONDITION I	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
CERTIFIC	WAS PERFORMED		No	IN CERTIFYING CAU	ISES OF DEATH?
U 2	TA. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Boltimore	City, give exoct location)
CAL	DEATH (notify medical examiner)	etc.)	TICE BIOG., INJUNE OCCUR:		
5 2	1D.TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
>	PFINJURY APPROX.)	While At Not While At Work			
2	2. 1 certify that (1) (this haspital) attend			9 <i>GO</i> ta	Morentes 1969.
	hat (I) (we) last saw the deceased alive	an Nov-17, 19691	19 6 9 and the		nian death accurred an the date
	and have and from the causes stated above			(11)	nan daam daddii da dii iina dara
	3A. SIGNATURE	h. (1) (we) (did) (did iidi) v	rew the body diter death.		23B. DATE SIGNED
	Maham benec			Staff	11/25/60
2	3C. PHYSICIAN'S	DEGREE Phy:	23D. ADDRESS	Phys. —	137
	NAME (Type)			F"	
244	DR. ABRAHAM	DEGREE	611 PARK AVENU		(State)
24A.	BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY of CRI	INIAIURI 24D. LC	CATION (Cit	y, town, or county) (State)
	BURIAL 11-26-69	BOBROISKER BENE	FICIAL CIRCLE R	OSEDALE, MAI	RYLAND
25A.	DATE REC'D BY HEALTH DEPT. 258 NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	•	ADDRESS
NU	V 28 1969 Jabel E. Tabe	5 and 1	SOL LEVINSON	& BKUS. 6010	REISTERSTOWN RD.



	PAME OF DECEA				2. DAII	AND HOUR OF DEA	in .
	·	MORE MARYLAND.	N HOCHBET		NO	V. 24, 1969	If institution: residence before
3. 1	PLACE IN BALII	77.1			A. STATE B. CO	OUNTY	// A /
HO	ILL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSE ADDRESS OR LO	TAL OR INSTITUTE (ATION)	UTION, GIVE STREET	MARY LAND	In I	NSIDE CITY LUMITS?
114.3		Madison Ap	autmonts		BALTIMORE		YES NO
-		817 St. Pa		t	E. STREET AND NUMBER	2 62 1 1	Hart Dut a
S. S	SFY I/	5. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under Yr. If Un
	MALE	WHITE	WIDOWED		1 02	lost birthdoy	Months Doys Hours
10A	USUAL OCCUP	PATION (Give kind of w	ork 108. KIND OF		Y 11. BIRTHPLACE (State or	foreign cauntry)	12. CITIZEN OF WHAT
don	Laure most of the	orking life, even if retired	mol	elro	How glass		015A.
13.	FATHER'S NAM	E	10		14. MOTHERS MAIDEN	NAME	
0	Sonde	re Back	luger		Celile.		
15.	Was Deceased E s, no or unknown) (ver in U. S. Armed F	otes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADEVENST
1	es !	WIII.	lowy	118-18-3255	MRS. MARVIN S	SHAW, 1420 C	HTCAGO AUF 1002
	18.	N COMPLYION		CAUSE OF DEA	TH Cause of	prostat	APPROXIMATE BETWEEN ONSET
		OR CONDITION I		(IMAMA EDIA TE CA	use with meta	stases	2 1/1
		t mean the made		DUE TO, OR AS	A CONSEQUENCE OF:	0 1 1	
	neart failure, a	sthenia, etc. It mean					
	injury ar camp	lication which cause	ed death.)	Car	icer of the	ladder	7 yr
	injury ar camp	NTECEDENT CAUS	ed death.) ES		USE with well a consequence of the car of th	ladder	7 yr
	DISEASES OR	NTECEDENT CAUSI CONDITIONS, if above cause (A	ed death.) ES I any, giving	DUE TO, OR A	s a consequence of:	ladder	7 yr
	DISEASES OR	lication which cause NTECEDENT CAUSE CONDITIONS, if	ed death.) ES I any, giving			ladder	7 yr
NOI	DISEASES OR rise to the UNDERLYING	lication which cause NTECEDENT CAUSE CONDITIONS, if above cause (A CONDITION last.	ed death.) ES I any, giving A) slating the	DUE TO, OR A		ladder	7 yr
ATI	INJUST OF COMP	Ilication which cause NTECEDENT CAUSE CONDITIONS, if abave cause (A CONDITION last. II CANTCONDITIONS C BUT NOT RELATED TO NOTITION GIVEN IN P.	ed death.) ES I any, giving A) slating the CONTRIBUTING THE TERMINAL ART 1 (A).	(8)(C)	S A CONSEQUENCE OF:		
ATI	INJUST OF COMP	Ilication which cause NTECEDENT CAUSE CONDITIONS, if above cause (A CONDITION last. II CANT CONDITIONS C BUT NOT RELATED TO NDITION GIVEN IN P. DEFERATION 1198. CC	ed death.) ES I any, giving A) slating the CONTRIBUTING THE TERMINAL ART 1 (A).	(8)(C)			RE FINDINGS CONSIDERED CAUSES OF DEATH?
CERTIFICATI	INJURY OF COMP	Ilication which couse NTECEDENT CAUSI R CONDITIONS, if above cause (A CONDITION last. II CANTCONDITIONS C BUT NOT RELATED TO NDITION GIVEN IN P. OPERATION 198. CC WAS PI	ed death.) ES f any, giving A) slating the CONTRIBUTING THE TERMINAL ART 1 (A). DNDITION FOR V	(B) DUE TO, OR A (C) WHICH OPERATION	20A. AUTOPSY? (Yes	T No) 208. IF YES, WE	
ICAL CERTIFICATI	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO OTHER SIGNIFIC TO THE DEATH DISEASE OR CO OTHER SIGNIFIC TO THE DEATH OR CONTRIBUT DEATH (notify in	Ilication which couse NTECEDENT CAUSE CONDITIONS, if above cause (A CONDITION last. II CANT CONDITION S C BUT NOT RELATED TO NOTION GIVEN IN OPPERATION 198. CO WAS PI T WAS UNDERLYING TOWN CAUSE OF nedicol exominer)	ed death.) ES (any, giving the contribution of the terminal ter	(8)	20A. AUTOPSY? (Yes of in or obout 21C. WHERE DI	r No) 208. IF YES, WE IN CERTIFYING D (If in Batti	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DICAL CERTIFICATI	INJURY OF COMP	Ilication which couse NTECEDENT CAUSI R CONDITIONS, if above cause (A CONDITION last. II CANTCONDITIONS C BUT NOT RELATED TO NDITION GIVEN IN P. OPERATION 198. CC WAS PI	ed death.) ES (any, giving the control of the terminal	(C)	20A. AUTOPSY? (Yes of in or obout office bidg., INJURY OCCUP	T No) 208. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATI	INJURY OF COMP	Ilication which cause NTECEDENT CAUSE CONDITIONS, if above cause (A CONDITION last. ILICANT CONDITIONS CONDITION OF RELATED TO NOTIFICATION 1798. CONDITION GIVEN IN PROPERATION 1798. CONDITION GIVEN IN PROPERATION 1798. CONDITION 1798. CONDITION GIVEN IN CONDITION 1798. CONDITION 1798. CONDITION 1798. CONDITION 1798. CONDITION 1798. CONDITION 1799. CONDITION 1799	ed death.) ES (any, giving the control of the co	WHICH OPERATION PLACE OF INJURY (e.g., e.g., form, foctory, street, e.g.) INJURY OCCURRED ile At Not Which	20A. AUTOPSY? (Yes of in or obout 21C. WHERE DI office bldg., INJURY OCCUI	INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATI	Injury or comp AI DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF CONTRIBUT DEATH (notify no proper of the control of the cont	Ilication which couse NTECEDENT CAUSE CONDITIONS, if above cause (A CONDITION last. II CANTCONDITION SC BUT NOT RELATED TO MUNICIPALITY OPPERATION 198. CO WAS PI T WAS UNDERLYING TING CAUSE OF medical examiner) (Month) (Doy) (Yea	ed death.) ES (any, giving the control of the terminal art of the control of t	(B) DUE TO, OR A (C) WHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street, e.) INJURY OCCURRED ile At Not Whick At Work he deceased fram	20A. AUTOPSY? (Yes of in or obout 21C. WHERE DI office bldg., INJURY OCCU	INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exact lacotion
MEDICAL CERTIFICATI	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CONTRIBUT DEATH (notify in Contract) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (appell)	Il CANTONDITIONS, if abave cause (A CONDITIONS, if abave cause (A CONDITION last. Il CANTONDITION IS CONDITION OF CAUSE OF INCOMPANION IN	ed death.) ES I any, giving A) slating the CONTRIBUTING OTHE TERMINAL ART 1 (A). DONDITION FOR V ERFORMED 21B, hom etc.i or? (Hour) 21E, Whi wo	WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, or at which the deceased fram	20A. AUTOPSY? (Yes of in or obout 21 C. WHERE DI office bldg., INJURY OCCUI	INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exact lacotion
MEDICAL CERTIFICATI	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CONTRIBUT DEATH (notify in Contract) 21 D. TIME OF INJURY (APPROX.) 22. I certify to that (I) (appell)	Il CONDITIONS, if abave cause (A CONDITIONS, if abave cause (A CONDITION last. Il CANTCONDITIONS CONDITIONS CONDITION GIVEN IN INTERPRETATION TO CONDITION GIVEN IN INTERPRETATION (IN INTERPRETATION) (INTERPRETATION) (IN INTERPRETATION) (IN INTER	ed death.) ES I any, giving A) slating the CONTRIBUTING OTHE TERMINAL ART 1 (A). DONDITION FOR V ERFORMED 21B, hom etc.i or? (Hour) 21E, Whi wo	WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, or at which the deceased fram	20A. AUTOPSY? (Yes of in or obout 21C. WHERE DI office bldg., INJURY OCCU	INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exoct lacotion apinian death accurred a
MEDICAL CERTIFICATI	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CONTRIBUT DEATH (notify in Contract) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (appell)	Ilication which cause NTECEDENT CAUSE CONDITIONS, if above cause (A CONDITION last. II CANT CONDITION S CONDITION GIVEN IN DOPERATION 1798. CONDITION GIVEN IN TWAS UNDERLYING TWAS UNDERLYIN	ed death.) ES I any, giving A) slating the CONTRIBUTING OTHE TERMINAL ART 1 (A). DONDITION FOR V ERFORMED 21B, hom etc.i or? (Hour) 21E, Whi wo	WHICH OPERATION PLACE OF INJURY (e.g., te, form, foctory, street, te) INJURY OCCURRED ile At Not Whith At Work he deceased fram WWW 2 3 I) (We) (did) (did nat)	20A. AUTOPSY? (Yes of in or obout 21C. WHERE DI office bldg., INJURY OCCUI	INJURY OCCUR? 19 7 ta 10 d that in (my) (cor) of the	RE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATI	Injury or comp AI DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CONTRIBUT DEATH (notify in 21D. TIME OF INJURY (APPROX.) 22. I certify to that (1) (wee) 1 and haur and 23A. SIGNATURE 23C. PHYSICIAN	Ilication which cause NTECEDENT CAUSE R CONDITIONS, if abave cause (A CONDITION last. II CANTCONDITION SC BUT NOT RELATED TO NOTIFICATION SIVEN IN P. OPERATION 198. CO WAS PI TWAS UNDERLYTING TOWNS UNDERLYTING	ed death.) ES I any, giving A) slating the CONTRIBUTING OTHE TERMINAL ART 1 (A). DONDITION FOR V ERFORMED 21B, hom etc.i or? (Hour) 21E, Whi wo	WHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street, e.) INJURY OCCURRED ile At Not Which At Work he deceased fram 3 I) (We) (did) (did nat)	20A. AUTOPSY? (Yes of in or obout 21C. WHERE DI office bldg., INJURY OCCUI	INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exoct lacotion apinian death accurred a
MEDICAL CERTIFICATI	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO TO THE DEATH DISEASE OR CO TO THE DEATH DISEASE OR CO TO THE DEATH OR CONTRIBUT DEATH (notify in DEATH (notify in TO F INJURY (APPROX.) 22. I certify to that (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Il CONDITIONS, if abave cause (A CONDITIONS, if abave cause (A CONDITIONS). Il CANTCONDITIONS CONDITIONS CONDITION GIVEN NOT RELATED TO NOTIFIC NOTIF	ed death.) ES (any, giving the control of the terminal	WHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street, e.) INJURY OCCURRED ile At Not Whick At Work he deceased fram Work At Work he deceased fram DEGREE Ph	20A. AUTOPSY? (Yes on in or obout office bidg., INJURY OCCUPATION OF THE DITER OF T	INJURY OCCUR? 19 7 ta dd that in (my) (607) of the	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exoct lacotion apinian death accurred a
MEDICAL CERTIFICATI	INJURY 21D. TIME OF INJURY 22C. I certify ti that (1) (1) (1) (1) (1) (2) (2) (2) (2) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Ilication which cause NTECEDENT CAUSE R CONDITIONS, if above cause (A CONDITION last. II CANT CONDITION SC. BUT NOT RELATED TO NOTE TO SELECT TO NOTE TO SELECT TO NOTE TO SELECT TO WAS PI T WAS UNDERLYING T WA	ed death.) ES I any, giving A) slating the CONTRIBUTING OTHE TERMINAL ART 1 (A). DONDITION FOR V ERFORMED 21B. hom etc.) or) (Hour) 21E. Whi wor tall) attended the sed alive an tated abave. (I	WHICH OPERATION PLACE OF INJURY (e.g., te, form, foctory, street, te) INJURY OCCURRED ile At Not Whith At Work he deceased fram WWW 2 3 I) (We) (did) (did nat)	20A. AUTOPSY? (Yes of in or obout 21C. WHERE DI office bldg., INJURY OCCUI.) 21F. HOW DID ite of the bldg after dealers. 22D. ADDRESS 920 St. Paul	INJURY OCCUR? 19 7 ta dd that in (my) (607) of the	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exoct lacotion apinian death accurred a
MEDICAL CERTIFICATI	INJURY OF COMP AI DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CONTRIBUT DEATH (notify in 1975) 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (aue) I and haur and 23A. SIGNATUR 23C. PHYSICIAN NAME (Typ.)	Ilication which cause NTECEDENT CAUSE R CONDITIONS, if above cause (A CONDITION last. II CANT CONDITION SC. BUT NOT RELATED TO NOTE TO SELECT TO NOTE TO SELECT TO NOTE TO SELECT TO WAS PI T WAS UNDERLYING T WA	ed death.) ES I any, giving A) slating the CONTRIBUTING OTHE TERMINAL ART 1 (A). DONDITION FOR V ERFORMED 21B. hom etc.) or) (Hour) 21E. Whi wor tall) attended the sed alive an tated abave. (I	WHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street, e.) INJURY OCCURRED ile At Not Which At Work The deceased fram Not Which At Work The dec	20A. AUTOPSY? (Yes of in or obout 21C. WHERE DI office bldg., INJURY OCCUI.) 21F. HOW DID ite of the bldg after dealers. 22D. ADDRESS 920 St. Paul	INJURY OCCUR? 19 7 ta 10 d that in (my) (sor) of the	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exoct lacotion apinian death accurred a 238. DATE SIGNED



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	1 1 3 2 69 11714 BALTIMORE CITY H	HEALTH DEPARTMENT
	BIRTH NO. CERTIFICAT	TE OF DEATH REG. NO.
	1. NAME OF DECEASED KATZ, PAULIN	E 2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A, STATE B, COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND BALTIMORE 2720 C. CITY OR TOWN D. INSIDE CITY LIMITS?
	SINAL HOSPITAL OF BALTIMORA	BALTIMORE YES X NO
	42	3810 FALLS TAFFAROAD #15
	FEMALE WHITE WIDOWED DIVORCED !	DATE OF BIRTH 9. AGE (In years Il Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min. Manths Days Hours Min. Manths Days Min. Manths
	tOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11 done during most of working life, even if retired)	1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE AT HOME	POLAND U.S.A.
	(Distribution	4. MOTHER'S MAIDEN NAME
	15. Was Deceased Ever In U. S. Armod Forces? 16. SOCIAL 17	Marma!
	(Yas, no or unknown) Uf yes, give war or dates of service) SECURITY NO. 217-05-0916 A	WEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	18. 15.3 8 CAUSE OF DEATH	APT. 2-B APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	: Carcinoma of Colon IIdano
	I neon mine, usinenio, etc. it means the disease.	CONSEQUENCE OF:
	injury or complication which coused death.)	
	DISEASES OR CONDITIONS, if any, giving Due to, or as a	Mesenteric Artery Thrombris
	is to the above cause IA) stating the UNDERLYING CONDITION last,	timal observation
H	(C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
- 112	19A DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION	20A-AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	TELEVISION OF THE PROPERTY OF	or about 21 C. WHERE DID (If In Baltimore City, give exact location)
- 113	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	e bldg., INJURY OCCUR?
	210-TIME (Month) (Doy) (Yeard (Hour) 21E INJURY OCCURRED OF INJURY White At The Not White St	21F. HOW DID INJURY OCCUR?
'	Work Al Work	
	22. I certify that (I) (this hospital) attended the deceosed from	14 19 69 10 11 35 19 69
	that (I) (we) last saw the deceased olive on 1	19 ond that In(my) (out) opinion death accurred an the date
ll	and hour and fram the causes stoted obave. (i) (We) (did) (did not) view	
	Attendit Phys.	ing Med. Stoff Phys. D
	DEGREE PLANTS	DADDRESS SINA (HOSPITAL BALTIMORIS
2	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATION 24B. DATE	ATORY 24D. LOCATION (City, town, or county) (Stotel
	BURIAL 11-26-69 HEBREW FRIEDDSHIP	E. BALTO. ST., MARYLAND
-	TOV 28 1969 HEALTH DEET E. PESE JAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS SOL LEVINSON & BROS. 6010 REISTERSTOWN ROAD
I E	VS 150-REV. 1/1/68	THE BUTTING THE STORY

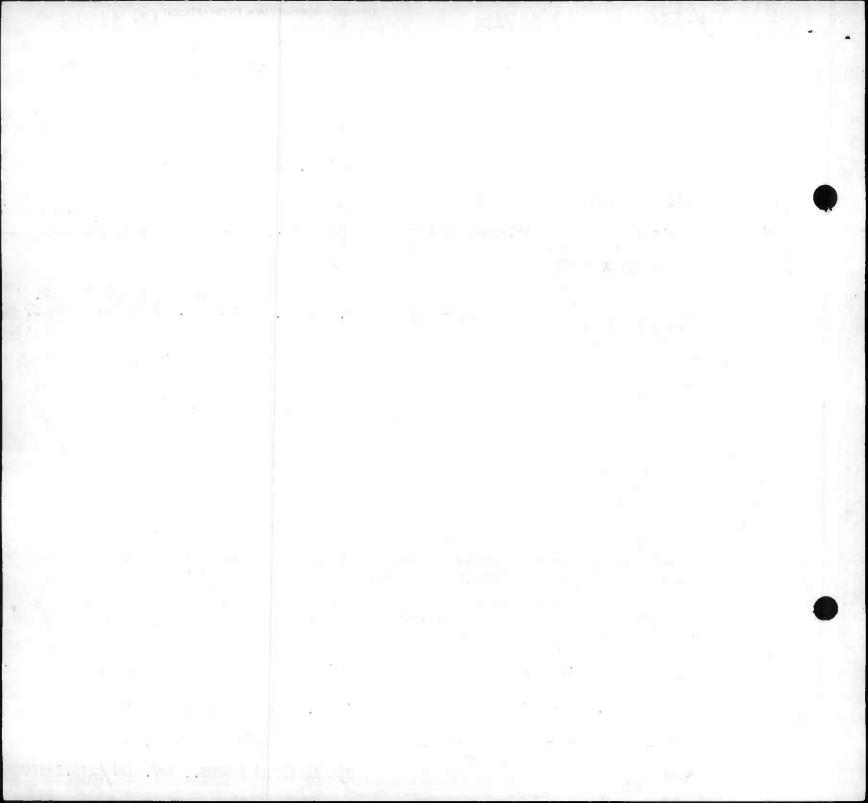
27 1 100

was D.O.A. at a hospital (except where the physician who pranounced death was in regular attendance on the deceased prior ta death); and (6) Na physician was in regular attendance an the deceased prior to death. Such written appraval must be obtained before the remains are embalmed or final dispositian is made. This certificate must be approved by the chief medical examiner or his assistant if death accurred in a haspital and the bady was released to the hospital by a medical examiner. Also, if the direct or cantributing cause of death shaws: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	AORE CITY HEALTH DEPARTMENT X 856 NO 69 11715
BIRTH NO. (04-2/634 69 11/15CER1	TIFICATE OF DEATH X REG. NO. 65 11715
T. NAME OF DECEASED	2, DATE AND HOUR OF DEATH 111 25 69 12 35 M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived. It institution: residence before admission) A. STATE B. COUNTY B 1/10. Co.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE S ADDRESS OR LOCATION)	TREET MAKYLAND 21207 5300
John Hopkins Kospital	C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO [X]
3 Battimore md	E. STREET AND NUMBER
- July	CHKIS COURT KIMBERLY WEST PRIED TO B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.)
EMAIF WHITE WIDOWED DIVO	PRCED 11 - 21-69 lost birthdoy Months Day's Hours Min.
done during most of working life, even if retired)	INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
INFANT NONE	MXSAX BALTO, MD. USA-
Howard Ginshene:	14. MOTHER'S MAIDEN NAME Corneblatt
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or doles of service) SECURITY	NO. 17. INFORMANT KIMBERLY WEST
NO NO	MR. HOWARD GINSBERG, 6 CHRIS COURT.
	OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	rediate cause Heart Failure 24hs
This daes not mean the made of dying, e.g., DUE heart foilure, asthenia, etc. It means the disease,	TO, OR AS A CONSEQUENCE OF:
injury or camplication which caused death.) ANTECEDENT CAUSES	rupo plastic Left ventrick humin
DISEASES OR CONDITIONS, if any, giving	TO, OK AS A CONSEQUENCE OF:
rise Ia the abave cause (A) stating the UNDERLYING CONDITION last. (C)	3
, II	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	none
DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION WAS PERFORMED WAS PERFORMED	TION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING! 21B. PLACE OF IN	JURY (e.g., in or about 21 C. WHERE DID ((Il in Baltimare City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctor etc.)	y, street, office bldg., INJURY OCCUR?
OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCC	
(APPROX.) While At Work	Not While At Work
22. I certify that (I) (this hospital) attended the deceased	from 1 24 19 64 10 11 25 19 67 ,
that (I) (we) lost saw the deceased alive an	
ond hour ond from the couses stoted obove. (1) (We) (did) (23A. FISNATURE	238, DATE SIGNED
	ND Attending Med. Staff Phys. Director Phys. 1/25/89.
23C HYSICIAN'S VAME (Type)	Attending Med. Shaff Phys. 1/25/89. Attending Med. Shaff Phys. 1/25/89. 11 D. Jaha Kapking Hospital
23C HYSICIAN'S NAME (Type) JAMES TH LIVING STON 24A. BURIAL CREMATION, 124B. DATE 24C, NAME of CEME	n D. John Klapkins Hospital
23C HYSICIANS HAME Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEME	DEGREE Phys. Director Phys. E. 23D. ADDRESS 11 Degree John Mapkins Magalal TERY or CREMATORY 24D. LOCATION (City, town, or county) (State)
23C HYSICIAN'S NAME (Type) JAMES TH LIVING STON 24A. BURIAL CREMATION, 124B. DATE 24C, NAME of CEME	DEGREE Phys. 23D. ADDRESS Hopking Hospital TERY of CREMATORY 24D. LOCATION (City, town, or county) (State)

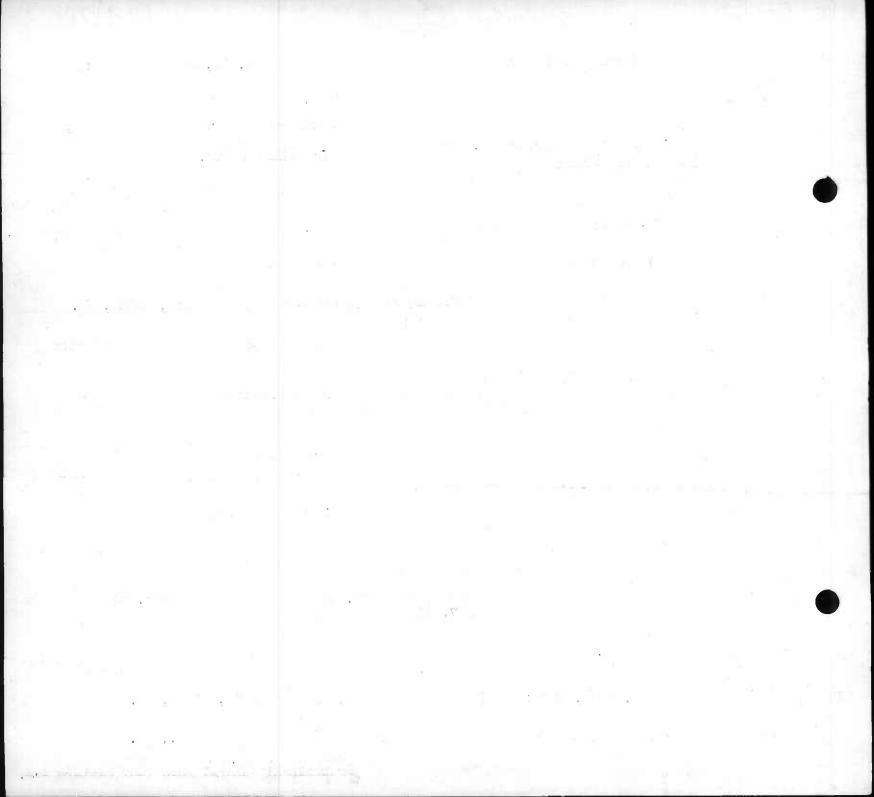
To the T to the second El wind shapon that satisfying the The state of the same O'The particular lift's again. I

	V-100 69 11716 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 69 11716
	KIH NO.
(T _y	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 2. DATE AND HOUR OF DEATH NOVEMBER 24, 1969 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
H	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
	BALTIMORE YES NO DESTREET AND NUMBER
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years tost birthday) MALE (UHITE WIDOWED DIVORCED 9-29-04 65 If Under 1 Yr, If Under 24 Hrs. Min,
	A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. B)RTHPLACE (State or foreign country) AGENT INTERNAL REVENUE BALTIMORE, MARYLAND X USA
13.	HARRIS X YAFFE 14. MOTHER'S MAIDEN NAME LENA ROSENTHAL
15. (Y	Was Deceased Ever in U. S. Armed Forces? s,no grunknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 1937 ROSEMARY HILL DR. 217-9077 MR FRFD I VAFF. APT. #1 SILVER SPRINGS.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH 20910 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not meen the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.)
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the (B) DUE TO, OR AS A CONSEQUENCE OF:
NO	UNDERLYING CONDITION Ias). (C)
CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION 10B. CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL	OR CONTRIBUTING CAUSE OF hame, factory, street, affice bldg., INJURY OCCUR?
MEDI	21D. TIME (Manth) (Day) (Year) (Haut) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (APPROX.) While At Not While Work At Work
	22. I certify that (I) (this hospital) attended the deceased from 5 5 19 69 to 19 24 19 9 that (I) (we) last saw the deceased alive an 11 17 69 and that in (my) tool opinion death accurred an the dat
	and haur and fram the causes stated abave. (I) (WE) (Att) (did not) view the bady after death. 23A. SIGNATURE Attending Med. Director Phys. 23B. DATE SIGNED 11 24 69
	23C. PHYSICIAN'S NAME (Type) DR. RALPH WEBER QEGREE 1010 ST. PAUL STREET
	A. BURIAL CREMATION, REMOVAL (Specify) BURIAL 24C. NAME of CEMETERY of CREMATORY BURIAL 24D. LOCATION (City, town, of county) SOUTHERN AVENUE, MARY LAND
	A DATE REC'D BY HEALTH DEPT. OV 28 1969 SPL ZEVINSON & BROS., INC. 6010 REISTERSTON 150-REV. 1/1/68



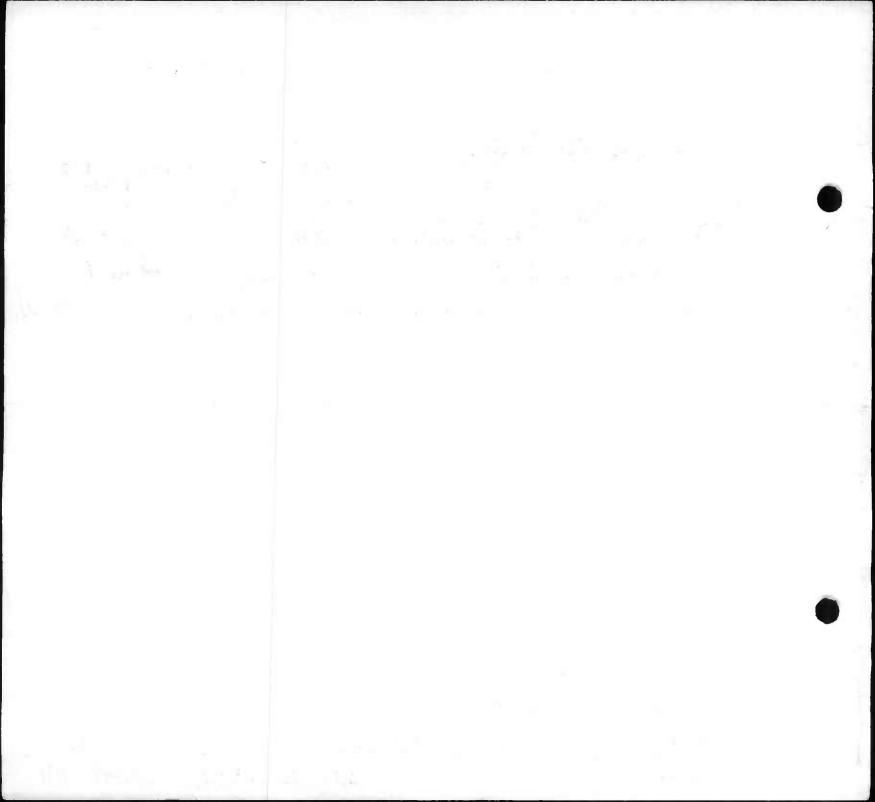
RGB

	N-460 CD			HEALTH DEPARTMENT		69 11717		
1	69	11717	CERTIFICA	TE OF DEATH	REG. NO	09 11/1/		
	IH NO.		CERTIFICA		D HOUR OF DEATH			
	Pe or Print)	17.000				77.05		
	Carol Ann Mil			NOV	7. 24, 1969	11:35 P M.		
3. 1	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE B. COUN		stitution: residence before odmission)		
FU HC	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Md.		2300		
IN:	STITUTION			c. CITY OR TOWN Baltimore	21221 D. INSI	YES NO		
2>	US Public Health Ser	vice H	spital	E. STREET AND NUMBER 1616 William	ns Ave.			
5. 9	3100 Wyman Parkway	7 44 4 5 5 1 5 5	58		9. AGE (In years	If Under 1 Yr If Under 24 Hrs.		
3. 3	F W	WIDOWED	NEVER MARKIED		lost birthdoy	Months Doys Hours Min,		
	. USUAL OCCUPATION (Give kind of work	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?		
don	e during most of working life, even if retired) Housewife	Hom	е	Pa.		USA		
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAM	ΛE			
	Conrad Clark			Margaret Jon	nes			
15. Yes	Was Deceased Ever in U. S. Armed For s, no or unknown) (II yes, give wor or date	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	No		212-36-9946	Records_ US PH	S Hospital	Balto, Md.		
	18. 10 EV H 19	5.9	CAUSE OF DEATH		,	APPROXIMATE INTERVAL		
	DISEASE OR CONDITION DI	RECTLY				BETWEEN ONSET AND DEATH		
	LEADING TO DEATH		A SHAMEDIATE CALL	Tension pne	eumothorax	Minutes		
	(A)IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:							
	injury ar complication which caused death.)							
	ANTECEDENT CAUSES Bronchopneumonia					Days		
	DISEASES OR CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:				
	rise to the obove cause (A)							
	UNDERLYING CONDITION lost.		(C)		••••••			
	11			Astrocytoma		Months		
ATION	OTHER SIGNIFICANT CONDITIONS CO			Hepatitis		Months		
ATI	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR							
CERTIFIC	19A. DATE OF OPERATION 19B. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No.		FINDINGS CONSIDERED USES OF DEATH?		
CER	21A. ACCIDENT WAS UNDERLYING	7 218	PLACE OF INJURY (e.g., in	yes or obout 21 C. WHERE DID	yes	e City, give exact location)		
CAL	OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	hom etc.	e, lorm, foctory, street, of	fice bldg., INJURY OCCUR?	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
MEDIC	21 D. TIME (Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21 F. HOW DID INJU	URY OCCUR?			
×	(APPROX.)	Wh	ile At Not While					
	22. I certify that (I) (this haspital) attended t	he deceased from	Nov. 11 1	19 69 to N	lov 24 19 69 .		
	that () (we) last saw the decease			19 69 and the	at in (my) (aur) apl	nian death accurred an the date		
	and have and from the causes stat	red abave. y	() (We) (did) (did/n/o/) v					
	23A. SIGNATURE DW /	m	7			23B. DATE SIGNED		
	Samuel F. Ward	111.0	Atte	nding Med. Director	Staff Phys. 30	11/25/69		
	23C. PHYSICIAN'S		1,	23D. ADDRESS				
	Samuel P. Ward, Sur	geon (R) GEGREE	US PHS Hospi	ital, Balto,	Md.		
24A	BURIAL CREMATION, 248. DATE REMOVAL (Specily)		AME of CEMETERY of CRE	MATORY 24D. LO	OCATION (C	ty, town, or county) (State)		
	Burial 11/28/69		Lawn Cemeter		Ltimore Co.			
25A	A. DATE REC'D BY HEALTH DEPT.	25B, NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	Bulled	ADDRESS		
	NOV 28 1969 Jebes E John 10 0 0 Gruzdzinski Funeral Home 1407 Eastern Ave.							



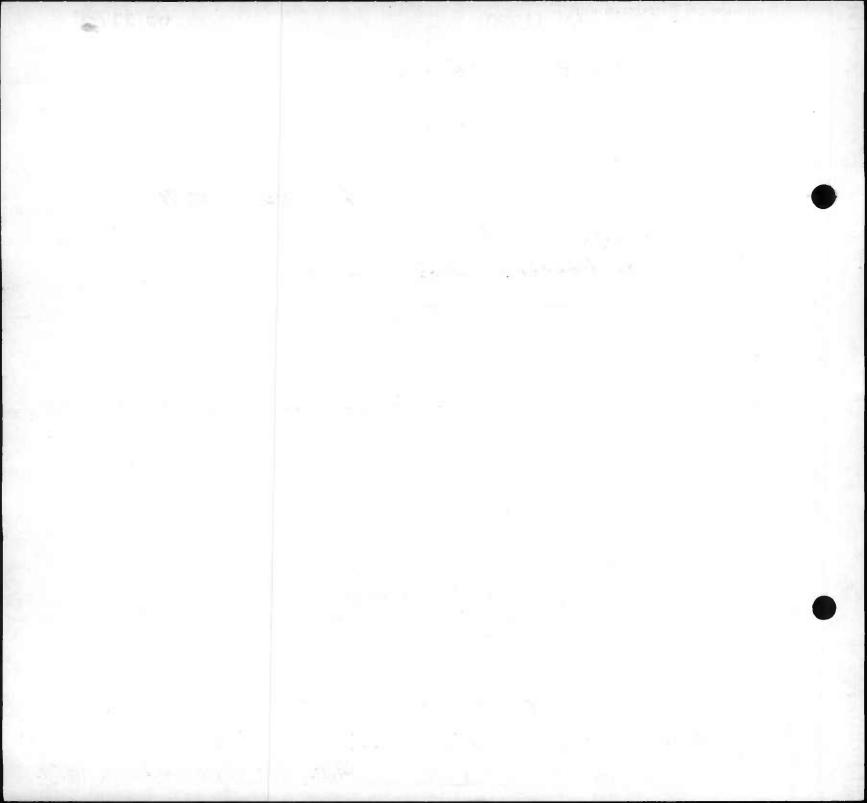
1	5-162 691	1718 BALTIMORE CITY	HEALTH DEPARTMENT	REG. NO	69 11718				
	MTH NO.	1718 CERTIFICA	TE OF DEATH	KEG. NO	O TILIO				
	AME OF DECEASED			D HOUR OF DEATH					
	13EKCh1	123/67	1 1:20 AM.						
3.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE IWhere docoased lived, If institution: residence before od A. STATE. B. COUNTY								
FU	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Md		2702				
11.1			C. CITY OR TOWN		CITY LIMITS?				
14	KINION MEMORIAL	Hospien1	E. STREET AND NUMBER	ampirit .	ES NO				
5.	SEX 6. RACE 7. SEA								
	/= WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	5/3/27	lost birthday)	If Under 1 Yr. It Under 24 His. Aonths Doys Hours Min.				
104	LUSUAL OCCUPATION (Give kind of work 10 B, Kt) e during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?				
	Housewife	Housewife	Germany		U.S.A.				
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A.F	0.00,000				
	Edward MEYER		entros		Dahama				
15	Was Doceased Ever in U. S. Armed Forces?	11/ -001	4	Lucinda	07-04				
(Ye	s, no or unknown) (It yes, give wor or dotos of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 21005				
	No	214-01-6365	Herbert Winkl	er 108 Orsbyn	n Drive Joppa Md.				
	18. 412.4	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY		1 11		BETWEEN ONSET AND DEATH				
l	LEADING TO DEATH (This does not mean the mode of dying,	SE CVA		10 days					
	hearl lailure, asthenia, etc. Il means the disease, injury or complication which caused death.]								
	ANTECEDENT CAUSES		ASCVO		101/21				
	DISEASES OR CONDITIONS, if any,	A CONSEQUENCE OF:	****************						
	rise to the above cause (A) stating UNDERLYING CONDITION last.	lhe (C)							
	11								
0 N	OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING							
AT	TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	****************						
CERTIFICATION	19A-DATE OF OPERATION 19B CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208 IF YES, WERE FINE	DINGS CONSIDERED S OF DEATH?				
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21& PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID	(If In Boltimore C	ity, give exoct location)				
	21D-TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?					
×	OF INJURY (APPROX)	While At Work Not While At Work		or occor.					
	22. 1 certify that (1) (this hospital) atten-		11/1-1	0.75.	173/ 67				
11 1	that (i) (we) last saw the deceased alive	11/22/	/ -7	t In(my) (aur) apinta	n death occurred on the date				
	and haur and from the causes stated aba	ve. (i) (We) (did) (did not) vi	ew the body after death.						
23A. SIGNATURE Attending Med. Staff 2									
									23 CHYSICIAN'S
	DR RUNALD GECKLER		THE UNION MEM	ORIAL HOSPI	ITAL				
24A	BURIAL CREMATION, 24B, DATE 2	4C. NAME OF CEMETERY OF CRE			own, or county) (Stote)				
	Burial 11-26-69				3.6 a				
25A		Parkwood Cemeter	25C. FUNERAL DIRECTOR	kwille, Bali					
NO		40,000		eral Home 740	ADDRESS 1 Belair Rd. 21230				
VS	150-REV. 1/1/68								

Bil	H-40	53 6	9 11	719	BALTIMORE CITY CERTIFICA			X REG. N	. 69	11719
1.1	NAME OF DECE	ASED					2. DATE A	ND HOUR OF D	EATH	
`'	/pe or Print)	Holland,	James	E.				vember 23		11:35 P
3.	PLACE IN BALT	MORE MARYLAND	WHERE P	RONOUNC	ED DEAD	4. USUAL RESID	B. COUL	ne deceased live	d. If institutions	residence before odmission)
FL	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOS	PITAL OR	OITUTITO	N, GIVE STREET	Marylar c. CITY OR TOW	nd 110	vard		6300
"	110	Saint Agn	es Hos	rital		Cooksvi		ا	NSIDE CITY	
	70	Caton & W		dis.		E. STREET AND			163 [2	Ж ио∐
	99			2122		Route	144	ooksvill	a Mariel	and 21723
5.	SEX	6. RACE	7. MAR	RIED X N	NEVER MARRIED	8. DATE OF BIRT		9. AGE (In yeer	. 1111.	los 1 Ve
	Male	Negro	WIDO	WED	DIVORCED	1-14-39	9	lost birthday)	Months	Poys Haus Min.
10/	A. USUAL OCCU	FATION (Give kind of vorking life, even if retire	vork 10B, KIN	ID OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE	State or fore	ign country)	12. CI	TIZEN OF WHAT COUNTRY?
"	RECTEAT		Cit	Ly of	E Parkulla	N	21.			11 < 11
13.	FATHER'S NAM		1011	10)	f Keckville	14. MOTHER'S M	AAIDEN NA	ME		U.S. 4-
15	ChA	cles i	40112	nd		,	RACH	00/	Po	well
(Ye	s.no or unknown)	Ever in U. S. Armed (II yes, give war ar a	ales al ser	vice) 16.	SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS
_	No 18.			20	20 38 8026 CAUSE OF DEAT	MRS S	AndrA	Hollan	4 6	ooksville, Md
	470	OR CONDITION	DIRECTLY		ROSE OF DEATH		,	_		APPROXIMATE INTÉRVAL BETWEEN ONSET AND DEATH
	ı	EADING TO DEAT	Н		(A) IMMEDIATE CAU	Respis	recto	24/1	willere	i hour -
	hearl failure, c	I meen the mode esthenia, etc. It med dicotion which cous	ns the dis	e.g.,	DUE TO, OR AS	A CONSEQUENCE	OF:			
		NTECEDENT CAUS			stat	us As	Han	a freus	c _	
	DISEASES OR CONDITIONS, II any, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:									
	ise to the obove couse (A) stelling the UNDERLYING CONDITION last. (C) (It. British and D.O.A.)									
_		11								
CERTIFICATION	TO THE DEATH	ANT CONDITIONS (BUT NOT RELATED TO NOTION GIVEN IN F	THE TERM!	ING NAL	Chroni	elephone	o dis	ease -	HBP.	
RTIFIC	19A-DATE OF	OPERATION 198 C	ONDITION ERFORMED	FOR WHIC	H OPERATION	20A- AUTOPSY	? (Yes or No	IN CERTIFYING	VERE FINDING	S CONSIDERED DEATH?
CAL	DEATH (nonty r	WAS UNDERLYING ING CAUSE OF nedicel examined		218, PLA(home, les	CE OF INJURY (e.g., Ir m., factory, street, al	or about 21 C. WH	ERE DID OCCUR?	(If In Be	ltimare City, gi	ve exect locotion)
MEDI	21 D. TIME (Month) (Doy) IYe	n) lHaud		URY OCCURRED	21F. HO	LNI DID W	URY OCCUR?		
2	(APPROX.)			While At	Not While	' 🗆 📗				
	22. I certify t	hot (1) (this hospi	al) ottend	ed the de		11- 7		19 64 to	11-13	19 69
		ast saw the decea			11-13	19 65				oth accurred on the date
	and have and	from the causes s	toted obay	re. (1) (We) (did) (did not) vi	ew the body off	er deoth.			
	23A. SIGNATUR	E	1	. /					23 B. DA	TE SIGNED
		augro 1	ull	a (DEGREE Phys.	ding Med	d.	Staff Phys.		
	PHYSICIAN NAME TYP	S el LLEGANDE	1 m	Elin		Stagnes		nital.	a Lane	Wilken AVES.
24A	BURIAL CREM	ATION, 24B, DATE	24	C. NAME	DEGREE OF CRE	MATORY	- 4	CATION	City, town,	
L'	BULLAL	ecify) 1/-28	-69	Bus	hur Fack	Camotina		Howara	J. J	or county) (Spotel
25A	11011	1969 Seed	- Marie	Ben M.	1/ .	25C. FUNERAL	DIRECTOR	Klainht	Stud	ADDRESS
VS	150-REV. 1/1/68		1			July	W. V.	rugni	-ay/c	cover, iver



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

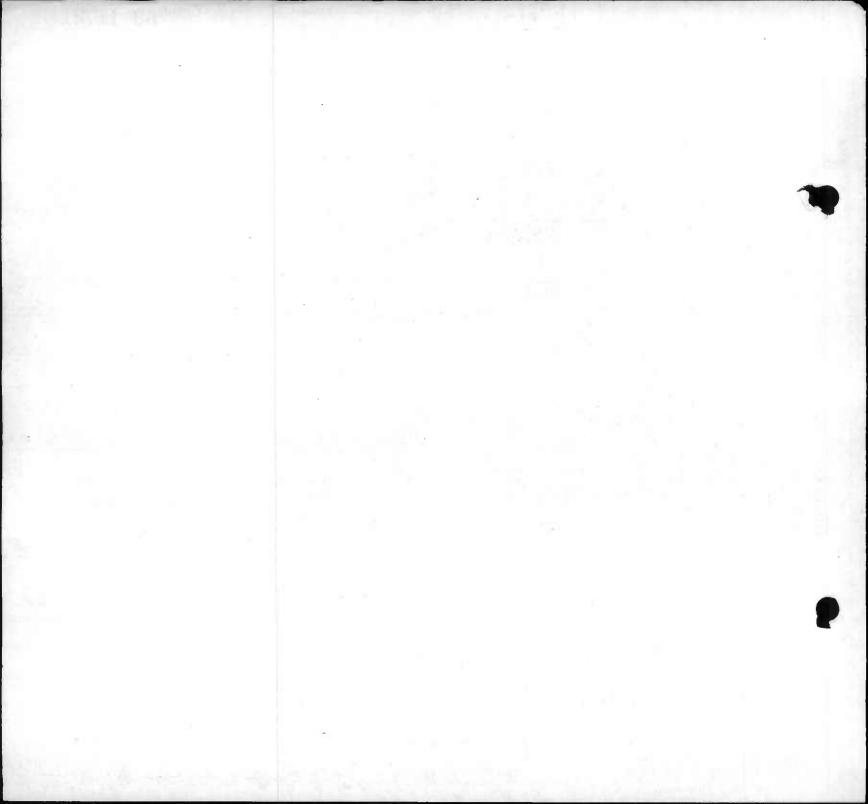
-520 69 11720 BALTIMORE CIT	Y HEALTH DEPARTMENT X RC NO 69 11720
C.ER IIFIC.A	ATE OF DEATH
BIRTH NO.	2. DATE AND HOUR OF DEATH
(Type or Print) BERTIE JONES	Nov. 23, 1969 Lebb p. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland Balto, CO. 5300
INSTITUTION Sings Heshital of Beltime	C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO
42	E. STREET AND NUMBER REISTERS four und
psalto., Md. 2/2/5	Brownen - Sunny Kery In, Md. 2/136
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In yeor lost birthdoy) If Under 1 Yi. If Under 24 His. Months Doys Hours Min.
MINTEL WILLE WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE/(Stote of foreign country) 112, CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Housewife 13. FATHER'S NAME JAMES Branham Jame	Tennesse U.S. A
JAMES Branham Jone	? BRANNAN.
	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	DADERT INE CAN CLER
18. 183. O I CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
(This does not meon the made of dying, e.g., heart failure, osthenia, etc. It means the disease, injury of complication which caused death.)	S A CONSEQUENCE OF:
ANTECEDENT CAUSES Care	inomateris, Ca. (R) Overy 1 Month
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR A	S A CONSEQUENCE OF:
rise to the above couse (A) stating the UNDERLYING CONDITION lost.	
11	
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL O DISEASE OR CONDITION GIVEN IN PART 1 (A).	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
= 1 Alberto 10 1410 WAS PERFORMED AL	IN CERTIFYING CAUSES OF DEATH?
O 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	in or obout 200, WHERE DID (If in Boltimore City, give exoct location) office bldg., INJURY OCCUR?
1 1 3	
21 D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work 22. I certify that (45) (this hospital) attended the deceased from	21F. HOW DID INJURY OCCUR?
(APPROX.) Work At Wor	
1/200 9.	Oct. 24, 1969 19 10 Nov. 23 1969.
	3 - 19 69 and that in (our) apinian death occurred on the date
ond hour ond from the couses stoted obove. (We) (did) (did not)	view the body ofter deoth. 238, DATE SIGNED
	tending Med. Staff Nov. 22, 19
23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS
23C. PHYSICIAN'S NAME (Type) KANTORN KRITAYAK IRAWA DEGREE	Sinh Hospital of Baltimore, Pally, Mg
REMOVAL (Specify)	REMAIORY (City, town, or county) (Stote)
2 RUVAL 11-26-69 UWUUWW () 25A. DATE REC'D BY HEALTH DEBT. 25B. NAMTE OF REGISTRAR	MULL HAWALA CO. M. ADDRESS
Eurial 11-26-67 Crustiaum () 25A. DATE REC'D BY HEALTH DERT. 25B. NAME OF REGISTRAY NOV 28 1969 Julie E. Name ()	O Starry W. Hright Sykisville Mrd.
VS 1SO-REV, 1/1/6B	



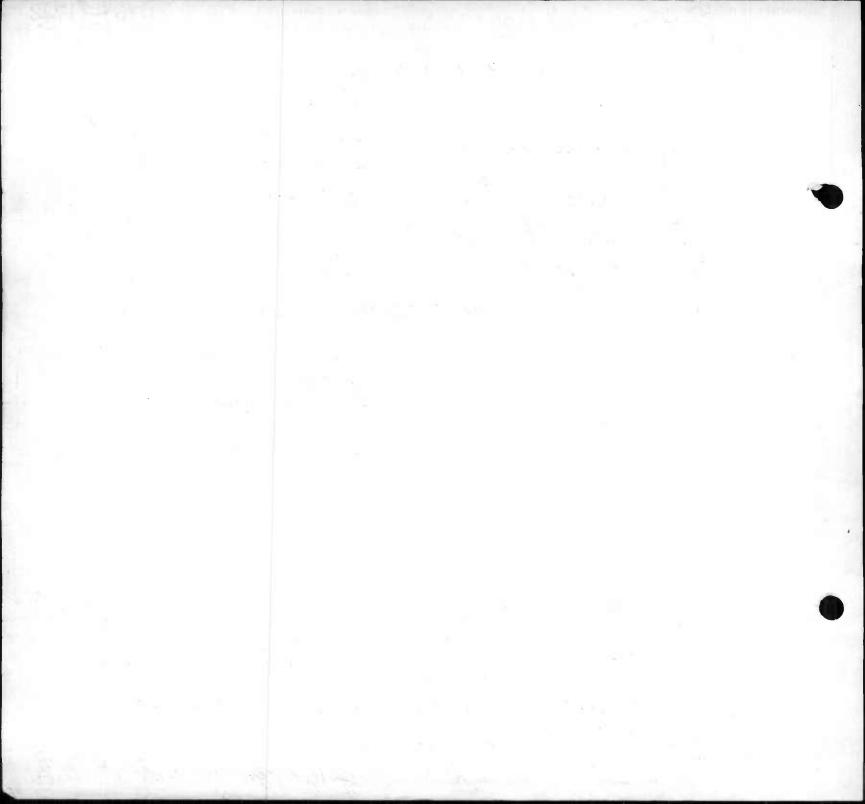
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

REG. NO.	69	11	72:
1120.110			

1	-232 69 117	91	TE OF DEATH	REG. NO	69 11721
	TH NO. AME OF DECEASED	CERTITION		ND HOUR OF DEATH	
	e or Print) ANNA LAW	CAITIS	11/3	15/1969	7 P. M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE WHO	ere deceased lived. If in	stitution: residence before odmission)
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	md.	D INS	IDE CITY LIMITS?
IN	828 Hallins &	t.	Baltimor	۰	YES NO
-			E. STREET AND NUMBER	elino ste	Z .
5. 5	EX 6. RACE 7. MARE	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	tf Under 1 Yr. , If Under 24 Hrs.
	F WIDON	WED DIVORCED	2/2/1888	lost birthdoy)	Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 10 B, KIN)	D OF BUSINESS OR INDUSTRY	11. PIRTHALACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
0011		Thing to.	Litter		24 5 4
13.	FATHER'S NAME	ning	14. MOTHER'S MAIDEN NA	ME	
	. /			,	
	Muknow		eenlin	own	ADDRESS
	Wos Deceosed Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.	17. INFORMANT	1. 0	ADDRESS
_	No -	217-01-4681	albert Jan	realles -8.	28 Stallens He
	18.250,9	CAUSE OF DEATH	1		BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		h	0 20	~ 10/c.
		(A) IMMEDIATE CAU		U Vrifen	eller lally
	(This daes not mean the made of dying, heart failure, asthenia, etc. It means the dise		A CONSEQUENCE OF:	ν	0
	injury ar camplication which caused death.)	0 1		11 1	5 2
	ANTECEDENT CAUSES	(a) Center	1112closatel	. Heart N	Mease IMEUR
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the above cause (A) stating	the 10	Pootos M	o Oldin	19 11001
	UNDERLYING CONDITION last.	(C)\Z		CECOUCIE	- July Court
z	ll ll				0
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMI				
⋖	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	ON TE VES WERE	FINDINGS CONSIDERED
ERTIFIC	WAS PERFORMED	OK WHICH OPERATION	Zoa. Autorst: ties of th	IN CERTIFYING CA	USES OF DEATH?
O	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of	n or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimor	re City, give exact location)
CAL	DEATH (notify medical examiner)	etc.)			
ă	21D, TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
\$	(APPROX.)	While At Not While	e 🗇	146 au	
		Work At Work	2/2	19 16 704	1/3/ /9
	22. I certify that (I) (this hospital) attend		112	19 4a	19 0
	that (1) (we) last saw the deceased alive	an /// /	19 64 and t	hat In(my) (our) api	nian death accurred on the date
	and haur and from the causes stated abov				
	23A. SIGNATURE	0 2			23 B. DATE SIGNED
	Juliu P. Urlock	Atte Phys	nding Med.	Staff Phys.	11/26/69
	23C. PHYSICIAN'S		23D. ADDRESS	_	
	NAME (Type) JOHN P. U	RLOCK UR MAD	1227 WASH	METON BL	00
24/	BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D,	LOCATION (C	ity, town, or county) (Stote)
/	REMOVAL (Specify)	Hely Jedes	wel tone	12	es hel
25/	A. DATE REC'D BY HEALTH DEPT. 268-NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
		140	h	0 0	- d A . A

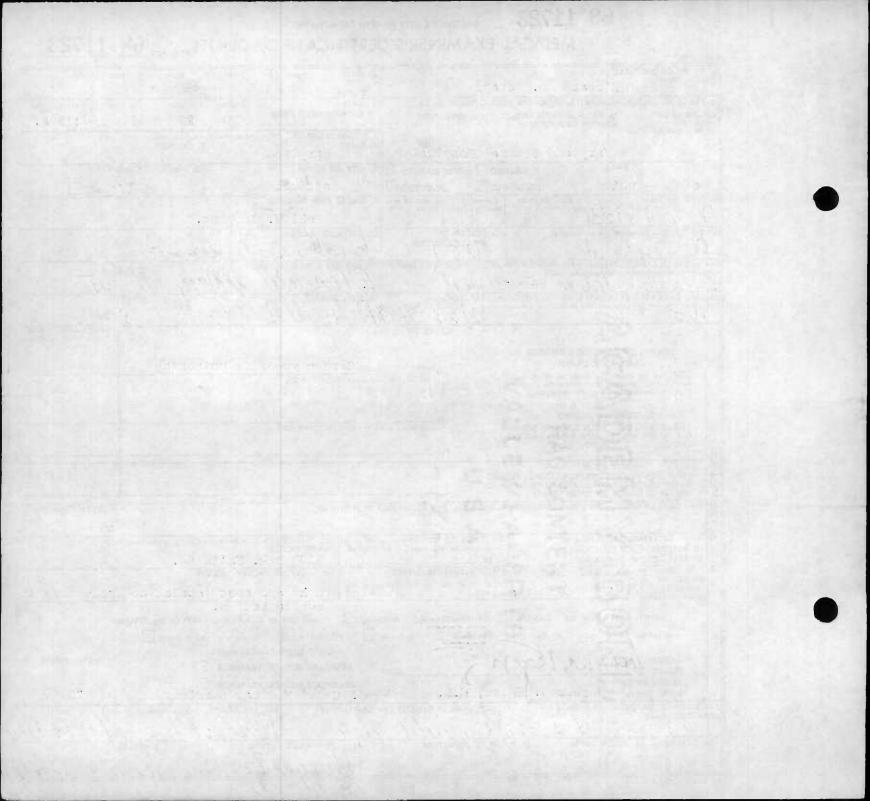


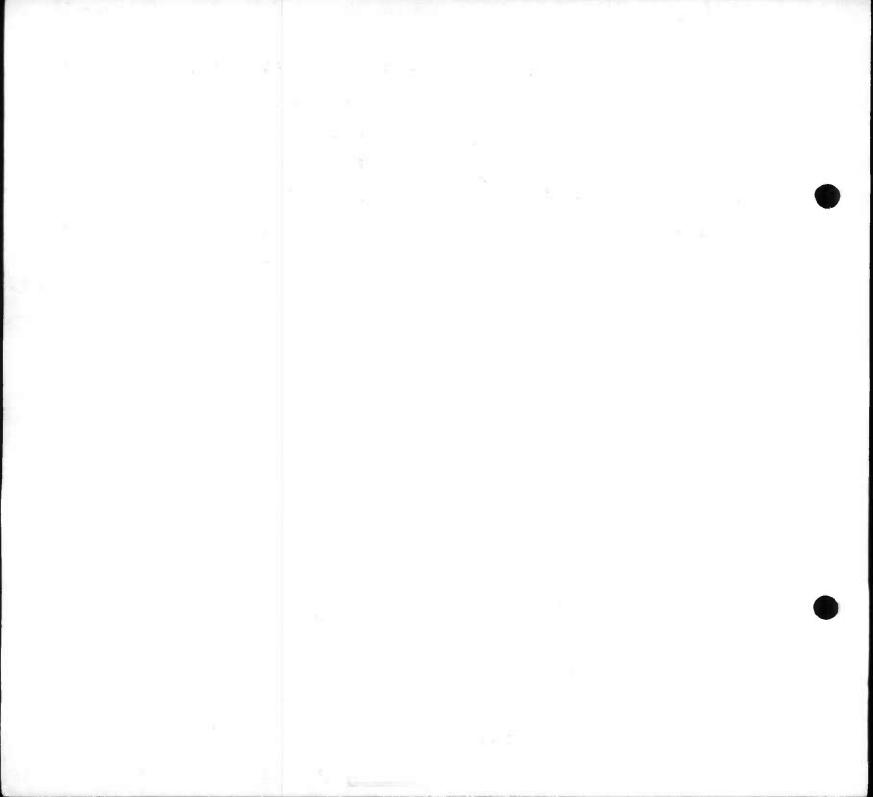
1	P-4/2 69 11722 CENTIFICATE OF DEATH REG. NO. 69 11722
76004	BIRTH NO. 69 11722 CERTIFICATE OF DEATH REG. NO. OF TITLE
of death Of death Decease e on th	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH (Type or Print) 2. DATE AND HOUR OF DEATH (Type or Print) AMES 4. USUAL RESIDENCE (Where deceased lived.) If institution: residence before admission)
hosp use ; (5) danc	FULL NAME OF OF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CHY OR TOWN D. INSIDE CITY LIMITS?
ting ca d cause r attender prior to	002606 Ken Oak Rd 132/timore YES IN NO 12606 Ken Oak Road
occurrion ontribu ermine regular eased is mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) 10. Months Days Hours Min.
th econo	date during most of working life, even it retired) Superintendent Post Office 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
itant if dea e direct or ind; (4) Und eath was e on the d	15. Was Deceased Ever in U. S. Armed Forces? (Yeski) of unknown) (If yes, give war or dates of service) 17. SOCIAL SECURITY NO. 17. INFORMANT TO 1
if the any kir ced de de or fina	18. I CAUSE OF DEATH SETWEEN ONSET AND DEATH
er. Also, cture of a pronounce ar atten balmed	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heert foilure, osthenia, etc. It means the disease, injury or complication which coused death.) (A) IMMEDIATE CAUSE A dwarred wide Spread DUE TO, OR AS A CONSEQUENCE OF: CARRINGTON OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF A CONSEQ
examine examine (3) A frac in who pring in regulates	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last. (B) First Netratias & founded DUE TO, OR AS A CONSEQUENCE OF: (C)
medical medical burns; physicio an was remair	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
chief by a 1 body the hysici	DISEASE OR CONDITION GIVEN IN PART 1 (A). 199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
y the ital bree; (2) vhere No pl	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (II in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF CAUSE
roved be nosp y naturixcept v xcept v naturid (6) btained	OF INJURY (APPROX.) OF INJURY (APPROX.)
app forth fan l (e l); c	22. I certify that (1) this haspital) ottended the deceosed from 1907, that (1) (we) lost sow the deceosed alive on 1907 and that in (my) (our) opinion death accurred an the date
ust be eased ident nospit deat	and hour and from the causes stoted above. (1) (We) (did) (did nat) view the bady after deoth. 23A. Signature Attending Med. Shaff Director Phys.
was ruas ruas ruas ruas ruas ruas ruas ru	Dr Robert E Maistin Begges 3201 N Charles St
ws: (bod ws: (b. D.C)	124A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREMATORY 24D. LOCATION (City, town, or county) (State) 124A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREMATORY 24D. LOCATION (City, town, or county) (State) 125A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS.
This the I show was dece	NOV 28 1969 P. S. R. F. B. W. O D. Burger Foners Home Balto Wy



VS 151-REV. 1/1/68

69 11723 BALTIMORE CITY HE	ALTH DEPARTMENT				
MEDICAL FXAMINER'S	CERTIFICATE OF DEATH REG, NO.	69 11723			
BIRTH NC.	REG. NO.	OO TILEO			
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy	Yeor Hour			
Richard D. Stapf	OF DEATH Estimoted	м.			
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 11 23	69 3:15 a			
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. Il institution:	residence before odmission)			
Maryland General Hospital	A. STATE Maryland B. COUNTY	1305			
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
male white widowed Divorced	Baltimore YE	s No 🗆			
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hrs. Months, Doys, Hours, Min.					
HU9 9 1933 16	621 W. 33rd St.				
11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME				
111 AVY 12 NA 1 1 1 1 1 1	Michard D Stapt				
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done dyring most of working lile/eyen il retired)	15. MOTHER'S MAIDEN NAME	2111			
Electrician's Holner Electrical	Elizabeth Illay	IttuIT			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, 10 of unknown)(If yes, give wor or dotes of service) SECURITY NO.	18. INFORMANT AD	DRESS			
110 21662469	19 (ichzvol D Stapt	Same			
19. CAUSE OF DEA	TĤ /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY		X .			
(A)IMMEDIATE C (This does not mean the mode of dying, e.g., (DUE TO, OR A	AUSE Carbon monoxide poisoning				
heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:				
mery or comprison which coosed deciti.)					
ANTECEDENT CAUSES (B)					
I RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:				
UNDERLYING CONDITION LAST. (c)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL					
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERSONALD				
O CONTROL OF EXAMENT O	S PERFORMED	21. AUTOPSY? (Yes or No)			
Z22A. EXTERNAL CAUSE WAS 228, PLACE OF INJURY/e c	In on about 22C WHERE DID /II . D. br.	no			
O mineralizate Mich accurate	In or obout 22C. WHERE DID (II in Boltimore City, give exocute bldg., etc.) INJURY OCCUR?	locotion)			
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	3300 B1k. Falls Rd.	9			
OF INJURY	White				
11 23 69 ? am work \ an work \ \ smoke and soot inhalation incidenta					
I certify that I held an Inquiry Inspection X Aut	conflagration. apsy and that an this basis, death in my a	ninlan			
resulted fram: Natural causes Accident X Sulcid					
	CHIEF MEDICAL EXAMINER				
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED			
11.0					
NAME (Type) Werner U. Spitz, M.D. De	ASSOCIATE MEDICAL EXAMINER Deputy Chief Medical Examiner	11/23/69			
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY (REMOVAL (Specify)	or CREMATORY 240 LOCATION (City, town,	or county) / (Stote)			
1304121 11-26-69 61401011	idlar Pikesulle	132/to (0/11			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR AD	DRESS			



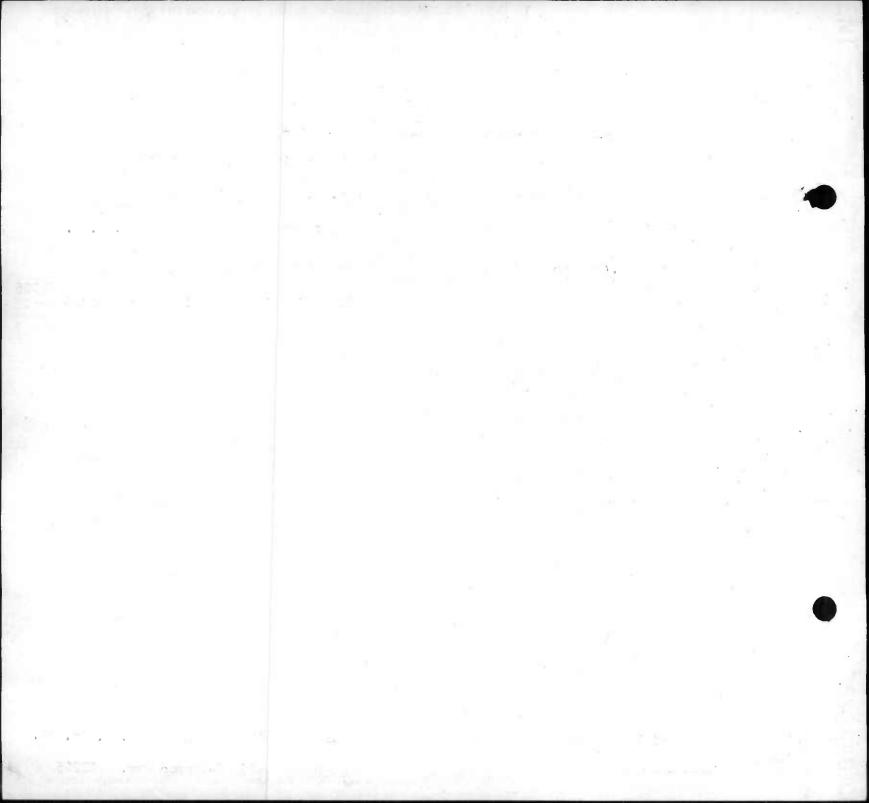


VS 150-REV. 1/1/6B

1	1-520	69	11725	BALTIMORE CITY			REG. NO.	69	11725	õ
	TH NO.			CERTIFICA	TE OF DE	AIH				
	IAME OF DECEASED	Fra	dondala T			2. DATE AN	D HOUR OF DEAT	H		
			derick I				23-1969			10PM M.
11	PLACE IN BALTIMOR				A. STATE Maryl	B. COUNT	e deceosed lived, If TY	institution:	residence before	o odmission)
FU	LL NAME OF (II	F NOT IN HOSPIT DDRESS OR LOCA	'AL OR INSTITI ATION)	UTION, GIVE STREET	C. CITY OR TOW		10.00		0-6-	20
IIIN:	Ral+	imore Cit	v Hosnit	als			D. IN	SIDE CITY		_
	A1 1	Eastern			Balti E. STREET AND			YES 🔀	NO	
-)			1224		arne Av		21224		
5. 5		imore, Mar			B. DATE OF BIRT					
Н		hite	1 3	NEVER MARRIED		1	9. AGE (In years ost bighday)	Months	er 1 Yr. If U Doys Hours	nder 24 Hrs.
11			MIDOMED		April 21,	1	10 64	,		
10A	USUAL OCCUPATION during most of working	N (Give kind of world tife even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or loreig	gn country!	12. CIT	IZEN OF WHA	T COUNTRY?
	Pump Insta				Mary	hraf		TT.	S.A.	
13.	FATHER'S NAME	2401	1		14. MOTHER'S M		A.F.	0.	D-11-	
	Robert Lan	70								
IL_		9			7.0	uise Ma	ar daga			
15. (Yo	Was Deceased Ever in s, no or unknown) (If yos	U. S. Armed For	reas? es of sorvico)	1 6. SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS	
71 00	es	WW 2			Records	PCH_494	0 Easterh	Arronii	e 21224	1
╟─	18. / 2.0	2.1		CAUSE OF DEAT		DC11-474	o pascern	Avenu	APPROXIMAT	-
	401	CONDITION DI	DECTI V				1	Δ.	BETWEEN ONSE	
		NG TO DEATH	RECILI		12	2000/10	A Lucian	1		
	(This does not me	in the mode of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE	OF.	COMO VI	762A		
	heart loilure, asthen injury or complication	io, etc. It meons	the diseose,	001 10, OR A3	A CONSEQUENCE	01.	101			
						Grol	ogy Unt	Willon		
		EDENT CAUSES		(B)			(0)		<u> </u>	
	DISEASES OR CO	NDITIONS, II	any, giving	DUE TO, OR AS	A CONSEQUENCE	OF:				
	rise to the abo UNDERLYING CON		stating the	(c)					ŀ	
				(0/						
z	OTHER SIGNIFICANT	CONDITIONS CO	NTRIBITING							
ATION	TO THE DEATH BUT	NOT RELATED TO T	HE TERMINAL	***************						
N O	DISEASE OR CONDITI			WHICH OPERATION	20A. AUTOPSY	? (Yos or No)	208. IF YES, WER	FINDING	CONSIDERED)
CERTIFIC		WAS PER			NO		IN CERTIFYING C	AUSES OF	DEATH?	
1 5	21A. ACCIDENT WA	S UNDERLYING	7 21 B.	PLACE OF INJURY (e.g., i			(If In Bottim	ore City al-	ve exoct focotion	n)
CAL	21A. A CCIDENT WA OR CONTRIBUTINO [DEATH (notify modice	CAUSE OF	hom etc.)	e, form, foctory, street, of	fice bldg., INJURY	OCCUR?	ht iit bolline	oro City, gr	VE EXOCI IOCOIIO	,
12	21 D. TIME (Mont	h) (Doy) (Yoor)	(Hour) 21E	INJURY OCCURRED	21F. HO	W DID IN!	JRY OCCUR?			
MEDI	OF INJURY	,,		ile At 🗀 Not Whit		W DID ING	JAI OCCOA!			
1	(APPROX)		Wor						_	
1	22. I certify that () (this hospital) attended ti	he deceased from		[23/ 1	9 69 to	1/23/	Deber.	19 69
	that (I) (we) last s				19 69		it In (my) (aur) a	olnton dec		
	23A. SIGNATURE	the causes sta	rea abave. (I) (We) (dld) (dld not) v	lew the body at	ter death.		Icon DA	TE CICNED /	
	237.31011.71012	01	1 : 1	7	nding ☐ Me	4 —	CL-112	238. DA	TE SIGNED	0
1	Leon	and V	esher le	MD DEGREE Phy			Staff Phys.	1//	24/6	7
	23C. PHYSICIAN'S NAME (Type)				23 D. ADDRESS 49	40 Eas	tern Avenu	e,Balt	imore, M	aryland
	1	EDWARI	O Frin	TODED MO	Knex	1. 13	HOSP-	•	2;2	
24/	BURIAL CREMATIO	N, 24B. DATE	24C.NA	AME of CEMETERY OF CRI	EMATORY	24D. LC	CATION	City, town,		(Stote)
	REMOVAL (Specify)	177/00/0					V			
1	Burial	11/26/6		Oak Lawn Cemet			Colgate, Mo	1.		
25/	NOV 99 100		The state of the s	OF REGISTRAR	25C. FUNERAL		J II.	. a . 71-	ADDRESS	
11	TON YOUR	9 16 Se 8	7. R.	30 87 U	ningradu	runera	al Home Dur	idalk,	Ma.	

 $\Delta_{\frac{1}{2}}(y_{\pm k_0}$ W 6 . . . W .

BALTIMORE CITY HEALTH DEPARTMENT 69 11726 69 11726 CERTIFICATE OF DEATH Such of death Deceased BIRTH NO I NAME OF DECEASED 2 DATE AND HOUR OF DEATH (Type or Print) UD ANNA HOUGHTUNG MOU. 25. 1969 hospital 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance Undetermined cause; (5) cause Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ō C CITY OR TOWN D. INSIDE CITY LIMITS? attend 9 Baltimore YES X NO South Baltimore General Hosp prior F STREET AND NUMBER cantributing accurred 213 Pontiac Ave. 21225 regular made 5. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. 6. RACE If Under 24 Hrs. MARRIED NEVER MARRIED deceased Hours Jan. 4, 1885 WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lite, even if retired)
Housewife disposition = Maryland U. S. A. SID 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the 4 3 George W. Zeller Emmoline Scheckels death LO 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL 21 225 or final (Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. 213 Pontiac Ave. attendance Miss Iviegail Houghtling No any APPROXIMATE INTERVAL CAUSE OF DEATH unced BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed of LEADING TO DEATH bron cho preumo ma prono (This does not mean the mode of dying, e.g., DUE TO. OR AS A CONSEQUENCE OF heart foilure, asthenia, etc. It means the disease, gular injury or complication which coused death.) eml ha ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF 4 before the remains are DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) sloting the (3) physician UNDERLYING CONDITION IOSI. Na physician was П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No) the 19A. DATE OF OPERATION 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) haspital MEDICAL DEATH (notify medical examiner) etc.) nature; obtained 9 (Month) (Dov) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY be appraved Not While (except While At (APPROX.) and Work At Work ta the any 69 22. I certify that (1) (this haspital) ottended the deceased from death); that (1) (we) lost saw the deceased alive on and that in (my) (our) opinion death occurred on the date hospital ond hour and from the couses stated obove. (1) (We) (did) (did not) view the body after deoth. 23 B. DATE SIGNED 23A, SIGNATURE Phys. Attending Med. 11-25-69 0 Director L approval 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior certificate o Was D.O.A 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) deceased he body Ritchie Highway A. A. Co. Md. 11/29/69 Cedar Hill Burial 250-NAME OF REGISTRAR Was 25C. FUNERAL DIRECTOR 21225 237 Patapace Ave. VS 150-REV. 1/1/6B



	90 = -//0// CO 44 MOM	Y HEALTH DEPARTMENT	144702			
		ATE OF DEATH REG. NO. DE	11/2/			
	Sype of Print EDWARD TOSEPL REGAN	2. DATE AND HOUR OF DEATH	P			
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: A. STATE B. COUNTY Prince Georg	residence belofe odmission)			
1	CULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	SPRING GROVE ST. +	HOSPITA (OGO)			
	o viv. of MD Hospital	MT. RANIER YES] NO 💢			
	<i>3</i> 8	E. STREET AND NUMBER 3574 ST				
5.	6. RACE 7- MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE IIn years II Und	or 1 Yr. If Under 24 Hrs. Doys Hours Min.			
10	DIVORCED DIVORCED A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired)		ZEN OF WHAT COUNTRY?			
	ADTO MECHANIE.	.9.6 GOTPUHZAW	USA.			
	FRANK ROAN	14. MOTHER'S MAIDEN NAME				
1.5 (Y	Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT 4214-Pederal	ADDRESS			
11	TO	Frank Chase -Rockville, Md				
	DISEASE OR CONDITION DIRECTLY		APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH			
	LEADING TO DEATH	USE SEPTICEMIA	4 weeks.			
	hearl failure, asthenia, etc. Il means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:				
	DISEASES OR CONDITIONS, if ony, giving (B) SRAIN ABCESS + EMPYEMA, 4 DUE TO, OR AS A CONSEQUENCE OF:					
	ise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C)	A CONSEQUENCE OF:				

ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	45.00 \$ 4.00 \$ 6.00 \$ 6.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			
CERTIFIC	19.4. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED DE ATH?			
11	The contraction of the contracti	in at about 21 C. WHERE DID (If in Boltimare City, give ffice bldg. INJURY OCCUR?	e exoct lacotion)			
EDICAL	DEATH (notify medicol examine)					
W	OF INJURY IAPPROX.) While At Work At Work					
	22. I certify that 🖨 (this hospital) attended the deceased from	10 23 19 69 10 11 20	19.69			
	and hour and fram the couses stated obove. (We) (did) (did not)	19and that in (mp) (our) opinion deat	th occurred on the date			
	23A. SIGNATURE	238, DAT	SIGNED			
	23C. PHYSICIAN'S	anding Med. Stoff Phys. 23D. ADDRESS	20/69			
	J.M. BLACKFORD M.	UNIV. Of MD. HOSDITA	(
Ш	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CRE	The second secon	r county) (State)			
	Burial 11/28/69 Glenwood Ceme A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR NOTE TO	ADDRESS			
	NOV 28 1969 Pares & Jaiber M.D. 150-REV. 1/1/68	O 6 7 Nalley's Fune	rappusst.Rainie			

address added to home address Mt. Kainer, Md.

BIRTH NO. FRANCIS JARZYNSKA CERTIFICATE OF DEATH REG. NO. 69 11728 BIRTH NO. FRANCIS JARZYNSKA CERTIFICATE OF DEATH I. NAME OF DECEASED I. NAME OF DECEASED I. NAME OF MASTIANOR, MARTIAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION C. H. H. LOOM. BROWN WITH ADDRESS OR LOCATIONI S. SEX O. RACE F. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED LOAUSUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Side of foreign country) HOUSE WIFE-SKI NER COMPANY 13. FATHER'S NAME S. CZ ZESNIAK NO HOSPITAL OR 14. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission. A. STATE B. COUNTY A. STATE B. COUNTY C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO LOAUS HOUSE STREET AND NUMBER AND HOUSE STREET AND NUMBER AND HOUSE STREET AND NUMBER AND HOUSE STREET AND NUMBER TO AGE (In yeors lost lighted) Months; Doys House Minn, Months; Doys House Minn, Will Under 24. His. Months; Doys House Minn, Months; Doys House Minn, 10. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Side of foreign country) HOUSE WED DECEASED 14. MOTHER'S MAIDEN NAME TO SE PULLE TO SEE PULLE TO SEE PULLE TO SECURITY NO. 216 07 2 2 2 4. F. MAZYNSKI - 2021 EASTERN AVE.
1. NAME OF DECEASED (Type or Final) TAR2 YNSKI FRANCES 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, It institution: residence before admission) A. STATE B. COUNTY D. INSIDE CITY LIMITS?
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET AND NUMBER 5. SEX O. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (IN years Months) Doys Hours Min. 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY HOUSE WIFE AND NOR COMPANY 11. BIRTHPLACE (Stote or foreign country) 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY HOUSE WIFE AND NOR COMPANY 11. BIRTHPLACE (Stote or foreign country) 13. FATHER'S NAME SZCZESNIAK A. STATE 8. COUNTY LUMBER 1. VII Under 14. His. Months: Doys Hours Min. 14. WOULD 1. VII Under 14. His. Months: Doys Hours Min. 15. Wes Deceased Ever in U. S. Amed Forces? 16. SOCIAL SECURITY NO. 216 072224. F. MAZYNISKI 2021 EASTERN AND 1.
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION! C.H4H C.CITY OR TOWN D. INSIDE CITY LIMITS? C.CITY OR TOWN VES NO C.CITY OR TOWN D. INSIDE CITY LIMITS? NO E. STREET AND NUMBER WES NO E. STREET AND NUMBER WIDOWED DIVORCED NOT
HOSPITAL OR ADDRESS OR LOCATION! CH4H CH4H CH4H CH4RCH HOME HOSP S. SEX CH4RCH HOME HOSP S. SEX CH4RCH HOME HOSP DIVORCED DIVORCED IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY CANNING WIDOWSP LOCATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY CANNING WIDOWSP LOCATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY CANNING WIDOWSP LOCATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY CANNING WIDOWSP LOCATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY CANNING WIDOWSP LOCATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY CANNING WIDOWSP LOCATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY CANNING WIDOWSP LOCATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY CANNING WIDOWSP LOCATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY CANNING WIDOWSP LOCATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY CANNING WIDOWSP LOCATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY CANNING WIDOWSP LOCATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY CANNING WIDOWSP LOCATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY CANNING WIDOWSP LOCATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY CANNING WIDOWSP LOCATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY COUNTRY) WIDOWSP LOCATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY CANNING WIDOWSP LOCATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY CANNING WIDOWSP LOCATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY CANNING WIDOWSP LOCATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY CANNING WIDOWSP LOCATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY CANNING WIDOWSP LOCATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY CANNING WIDOWSP LOCATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY CANNING WIDOWSP LOCATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY CANNING WIDOWSP LOCATION (Give kind of work 108, KIND OF BUSINESS
CH4H 35 CHURCH HOME HOSP E. STREET AND NUMBER LANDREY 20 21 ENTER 24 HTS. S. SEX 6. RACE WIDOWED DIVORCED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or fareign country) HOWSE WIFF SKINNER COMPANY 13. FATHER'S NAME SZCZESNIAK ANTHONY 16. SOCIAL SCURITY NO. 216. 072224. F. SARZYNSKI-2021 EASTERN AVE.
35 CHURCH HOME HOSP LANDREY 2021 Entered QUE. 5. SEX 6. RACE WIDOWED DIVORCED DIVORCED 1-22-97 SECURITY NO. 13. FATHER'S NAME SECURITY NO. 2021 Entered QUE. 8. DATE OF BIRTH 9. AGE (in years lit Under 1 Yr., (i Under 24 Hrs., Winder) WIDOWED DIVORCED 1-22-97 SECURITY NO. 14. MOTHER'S MAIDEN NAME FOR PURPL HORDAI 15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! Ill yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 216 07 22 2 4 F. JARZYNISK 1-2021 EASTERNI AVE.
5. SEX P O. RACE W WIDOWED DIVORCED DIVORCED HOUSE WIDOWED TO NING WIDOWED TO NING WIDOWED WIDOWED TO NING WIDOWED WIDOWED TO NING WIDOWED TO
WIDOWED DIVORCED 1-22-97 Iost Istriboy Doys Hours: Min. 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or fareign country) HOWSE WIFELSKINNER COMPANY 13. FATHER'S NAME SZCZESNIAL ANTHONY 14. MOTHER'S MAIDEN NAME FOR PUME HORDAI 15. Wes Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 216 072224. F. JARZYNISKI-2021 EASTERN AVE.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) HOWER WIFELSKINNER COMPANY 13. FATHER'S NAME SZCZESNIAL ANTHONY 15. Wes Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 216 072224 F. JARZYNISKI - 2021 EASTERN AVE.
done during most of working life, even if relired) Howse Wife+SKINNER COMPANY 13. FATHER'S NAME SZCZESNIAL ANTHONY TO SEPHINE HORDAI 15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (If yes, give wor or dotes of service) NO. 16. SOCIAL SECURITY NO. 216072224. F. JARZYNISKI-2021 EASTERN AVE.
13. FATHER'S NAME SZCZESNIAL 14. MOTHER'S MAIDEN NAME FINTHOMY FOR HORDAI 15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (If yes, give wor or dotes of service) NO. 216072224. F. JARZYNISKI-2021 EASTERN AVE.
ANTHONY DESCRIPTION TO SEPHINE HORDAI 15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! [If yes, give war or doles of service] NO. 16. SOCIAL SECURITY NO. 216 072224. F. JARZYNISKI-2021 EASTERN AVE.
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) NO. 16. SOCIAL SECURITY NO. 216 072224. F. JARZYNISK 1- 2021 EASTERN AVE.
NO. SECURITY NO. 216072224. F. JARZYNSK 1- 2021 EASTERN AVE.
FYINZYING - SOLI ENSTERN HVR
CAUSE OF DEATH J APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE houtful fundation.
heart foilure, astheria, etc. It means the disease, injury or complication which caused death.)
DISEASES OR CONDITIONS, if ony, giving (B) C. VA & Diabetes welltes DUE TO, OR AS A CONSEQUENCE OF:
rise to the above cause (A) stating the
UNDERLING CONDITION (as). (C)
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL A DISEASE OR CONDITION GIVEN IN PART 1 (A)
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OP CONTRIBUTION CONTRIBUTION 218 PLACE OF INJURY (e.g., in or about 21C, WHERE DID (If in Boltimore City, give exact location)
C DEATH (notify medical examiner) etc.)
21D. TIME (Month) (Doyl (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
APPROX.) While At Not While
22. I certify that (1) (this hospital) attended the deceased from 11/23/1967 19 to 11/26/11/7 19
that (1) (we) last sow the deceased alive on 11/26/6 19 and that in (my) (our) apinion death accurred on the date
and hour and from the causes stated above. (1) (We) (dld) (dld not) view the bady after death.
236, DATE STORED
Affending Med. Shoff Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS
NAME (Type) FIRSTY!
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Bunko 11/29/19 Holy Barray Com Balta G. 2000
25A, DATE REC'D BY HEALTH BEPT. 25B, NAME OF EGISTRAR 25C, FUNERAL DIRECTOR ADDRESS
NUV 28 1969 Bes E. Jaber Rd 1 10. Flat Rows 2: 2007 Eastern Ay

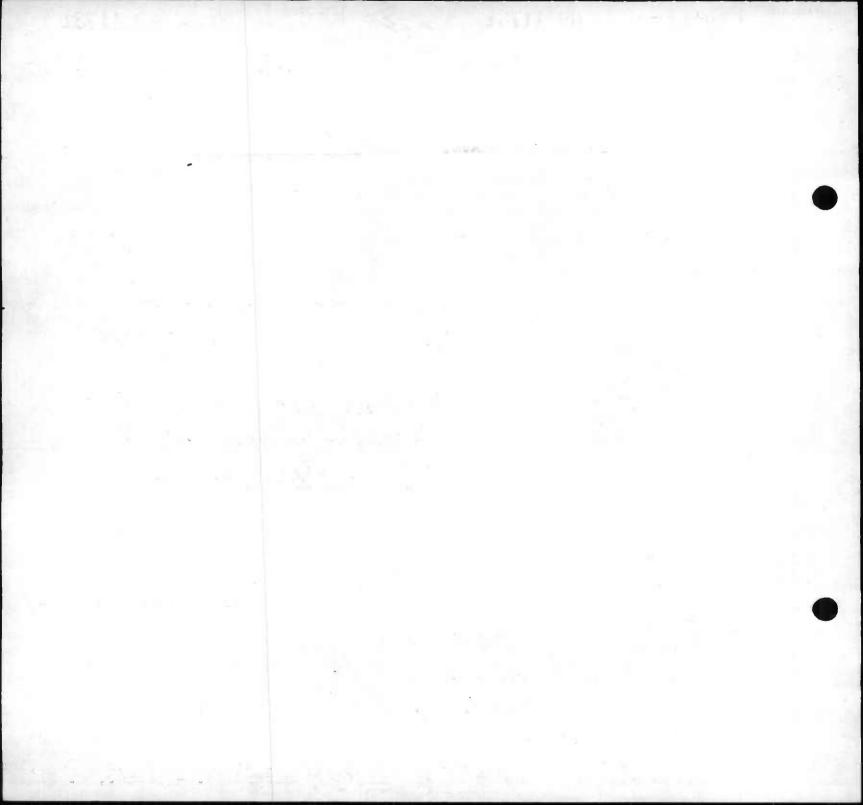
2	7-163	69	1172		HEALTH DEPARTMENT	REG. NO	69 11729
	NAME OF DECE	ASED			2. DATE AN	D HOUR OF DEATH	
	Pe or Print)	K W. Rob.		(Also Franci	a II)		1969 Monstitution: residence before admission)
3.	PLACE IN BALTI	MORE MARYLAND, W	HERE PRONG	OUNCED DEAD	4. USUAL RESIDENCE (Whee	re deceased lived. If in	stitution: residence before admission)
III H	JLL NAME OF	(IF NOT IN HOSPIT	AL OR INSTI	TUTION, GIVE STREET	MD-		2102
IN	STITUTION				C. CITY OR TOWN BALTIMO		IDE CITY LIMITS? YES ☑ NO ☐
-	7				E. STREET AND NUMBER		YES MO NO
	BON	50 cours	(4.	NEVER MARRIED	1244 C	arroll s	57.
15.	SEX 6	RACE			, ,	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10	USUAL OCCUP	ATION (Give kind of work	108, KIND C		09 41/9 7 11. BIRTHPLACE (Stole or forei	72	12. CITIZEN OF WHAT COUNTRY?
dor	ne during most of we	rking life, even if retired)	ĺ				
13.	FATHER'S NAM				MARY L		454
	XXXXXX		bert	75		XXXXXXXXX	Cat Card
15.	Was Dansand E	- 1 11 C A		1 6. SOCIAL	17. INFORMANT	AAAAAAAAA	
100	No	f yes, give wor or date	s of service)	217-01-5029A	Mrs. Virginia	A. Roberts.	ADDRESS 21230 1244 Carroll St.
	18. 4/12	41		CAUSE OF DEAT		,	APPROXIMATE INTERVAL
		OR CONDITION DI	ECTLY	artendo	clusti emilia	Voncenter	Drane Tyears.
	(This does not	EADING TO DEATH	dying, e.g.	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:	. 0 201 (227 200)	order 1 years,
	heart failure, as	sthenia, etc. If means ication which caused	the disease	•		4	
	ANTECEDENT CAUSES (B) (B)						
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: nise to the above cause (At stating the						
	UNDERLYING	abave cause (Ai CONDITION last.	staling the	(C)			
_		11					
ATION	TO THE DEATH	ANT CONDITIONS COI BUT NOT RELATED TO TH NOTION GIVEN IN PART	E TERMINAL	**************************************			
ERTIFIC/	19A. DATE OF O	PERATION 198 CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No.		FINDINGS CONSIDERED
CERT	21A ACCIDENT				NO	IN CERTIFYING CA	
113	DEATH (notity m	WAS UNDERLYING NG CAUSE OF edicol exomines	hor	B. PLACE OF INJURY (e.g., ir me, form, foctory, street, of .)	ice bldg., INJURY OCCUR?	(II In Boltimor	e City, give exoct location)
MEDI	OF INJURY	Month) (Doy) (Year)		E INJURY OCCURRED hile At Not While	21F. HOW DID INJU	URY OCCUR?	
	(APPROX.)		W	ork L At Work	Nous 1 8	10 May	() = 10
				november 2		9 07 10	19 07
		st saw the decease	634		3 19 and the	ıt İn(my) (aur) opli	nion deoth occurred on the dote
	and hour and f	ram the couses state	ed abave ((i) (We)((dld)) (dld not) vi	iew the body ofter death.		
		in borasu	di,	Dh	nding Med.	Shoff Phys.	november 25, 169.
	23C. PHYSICIAN'	\$ 10404	1/001:	DE GREE Phys	3D. ADDRESS	Phys	0 10
			VORASO	UBIN MEDI	Bon be	coms Hos	p. Balto, Mo.
11 _	REMOVAL (Spe			AME OF CEMETERY OF CRE			y, town, or county) (State)
	Burial	11-29-6		w Cathedral Cer		timore, Mar	yland
25,0	NOV 28 19		Valor	OF REGISTRAR	25C. FUNERAL DIRECTOR	bard /107	Wilkens Ave. 21229
VS	150-REV. 1/1/68			David 1	I HOWALG II. NUD	Dara, 410/	WIIKERS AVE. Z1ZZ9

(, 11 38 2)

	BIRI	V-242 69 11730 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 69 11730	_						
		De or Print) NICHOLSON, ALEASE L.R 21 NOV. 69 11:500.	-						
	3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY	1						
	FUI HO INS	LL NAME OF STREET STREET ADDRESS OR LOCATION) IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C.C.CITY OR TOWN . D. INSIDE CITY LIMITS?)						
	U	moverely Hospital Sylles ville YES NO @	-						
9	5. S	I springfield State Hospital	_						
		Tomale Negro WIDOWED DIVORCED 7/7/25 lost birthdoy 44 Months Day's Hours Min.	•						
	done	USUAL OCCUPATION (Girakind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stolo or foreign country) 12. CITIZEN OF WHAT COUNTRY Of C	13						
	(SX)	Ster Shucker Va. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	_						
del		Charles Bowerson Mary Lee Gallard							
	15. V (Yes,	Was Deceased Ever in U. S. Armod Forces? ,no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	-						
		18. / / / / APPROXIMATE INTERVAL	_						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH								
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. it means the disease.								
	ANTECEDENT CAUSES								
DISEASES OR CONDITIONS, if any, giving isse to the abave cause (A) stating the									
		UNDERLYING CONDITION last. (c) hemorrage from nech	_						
	NOL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
	CERTIFICATION	DISEASE OF CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	-						
5	Z E	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, farm, fectory, street, effice bldg., INJURY OCCUR?	-						
5	MEDI	21D.TIME (Menth) (Doy) (Year) (Hour 21E, INJURY OCCURED 21F. HOW DID INJURY OCCUR?	-						
		(APPROX.) While At Work At Work	_						
		22. I certify that (1) (this haspital) attended the deceased from 10/0/0/19 to 1/10/0/19 that (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	,						
	that (1) (1) last saw the deceased alive on 1/ (1) (1) and that in (1) (our) opinion death occurred on the date and hour and from the causes stated above. (7) (We) (1) (the not) view the bady after death.								
	1	23A- SIGNATURE 23B. DATE SIGNED	-						
3		Attending Med. Staff Director Phys. 11/21/69 23C.PHYSICIAN'S NAME (Type) 23D. ADDRESS	_						
		DoLE T. BAKER MD University to spilal.							
3	24A.	BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Slote)	-						
	25A-	Buriel 11-16-69 Colombon Corasonielle GA, Md.							
	N	OV 28 1969 Color & San Marie Of Agistrar 25C. FUNERAL DIRECTOR COLOR ADDRESS							
11	VS 1	50-REV. 1/1/68	-						

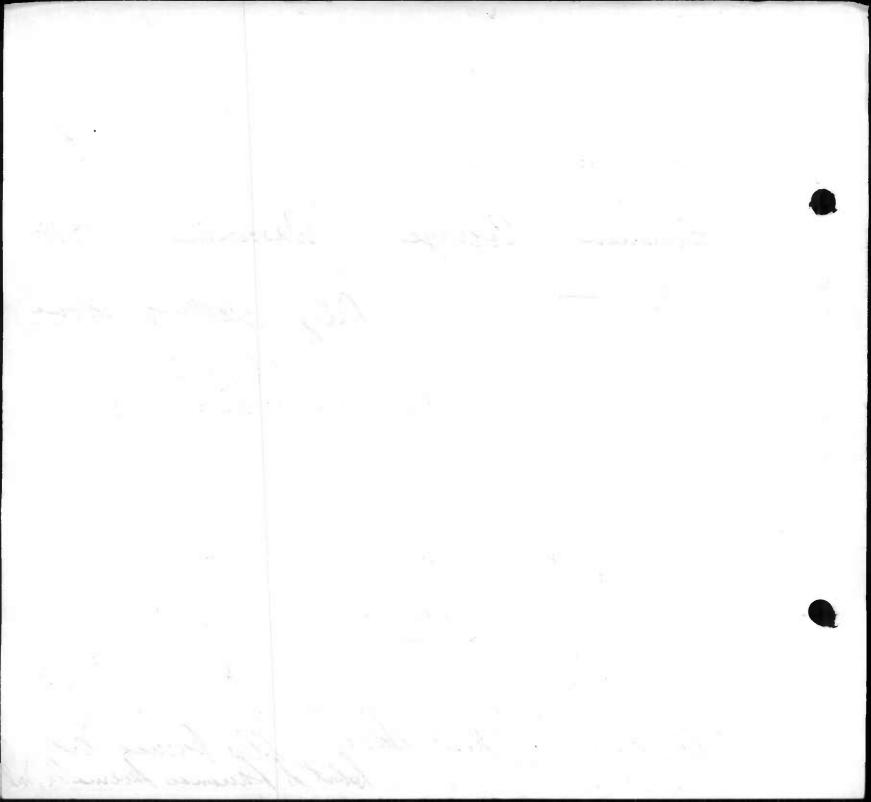
end 0:60 modes

3. FU	PLACE IN BALTIMORE, MARYLAND, 1	e Barnes WHERE PRONOUNCED DEAD TAL OR INSTITUTION, GIVE STREET	2. DATE AND HOUR OF DEA 11/23/69 4. USUAL RESIDENCE (Where deceased lived. 9 A. STATE B. COUNTY Maryland	10%
0	3109 Ham	ilton Ave.	E. STREET AND NUMBER 3109 Hamilton Ave.	123 110
A	emale White	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 10/8/1884 9. AGE (In yeors lost birthday) 85	If Under 1 Yr. If U Months Doys Hours
don	e during most of working life, even if retired) Housewife	Home	Vinginia	U.S.A.
<u> </u>	Charles Harris		14. MOTHER'S MAIDEN NAME Eliza Jane Sanford	
15. (Ye	Was Deceased Ever in U. S. Armed Fo s, no or unknown) (If yes, give wor or do NO		B Frederick E. Barne	s-5517 Piedi
ATION	ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CO.	ony, giving Sue TO, OR A (c) ONTRIBUTING THE TERMINAL	Larley sely	tool
RTIFIC	19A. DATE OF OPERATION 19B. CO	NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
CAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical externiment)	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	more City, give exoct locotio
MEDI	OF INJURY (APPROX.)	While At Not Wh	, >	
De opi	that (1) (w) last saw the deceas	1,011	and that In(my) (off)	opinion death occurred
roval must	23A SIGNATURE 23C-PAYSICIAN'S NAME (Type)	DEGREE PA	Med. Staff ys. Director Phys.	23B, DATE SIGNED 11/24/69
	A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	Mintzer M.D. DEGREE 24C. NAME of CEMETERY OF CI /69 Woodlawn Cer	REMATORY 24D. LOCATION	(City, town, or county) Maryl:
25/	Burial 11/26			

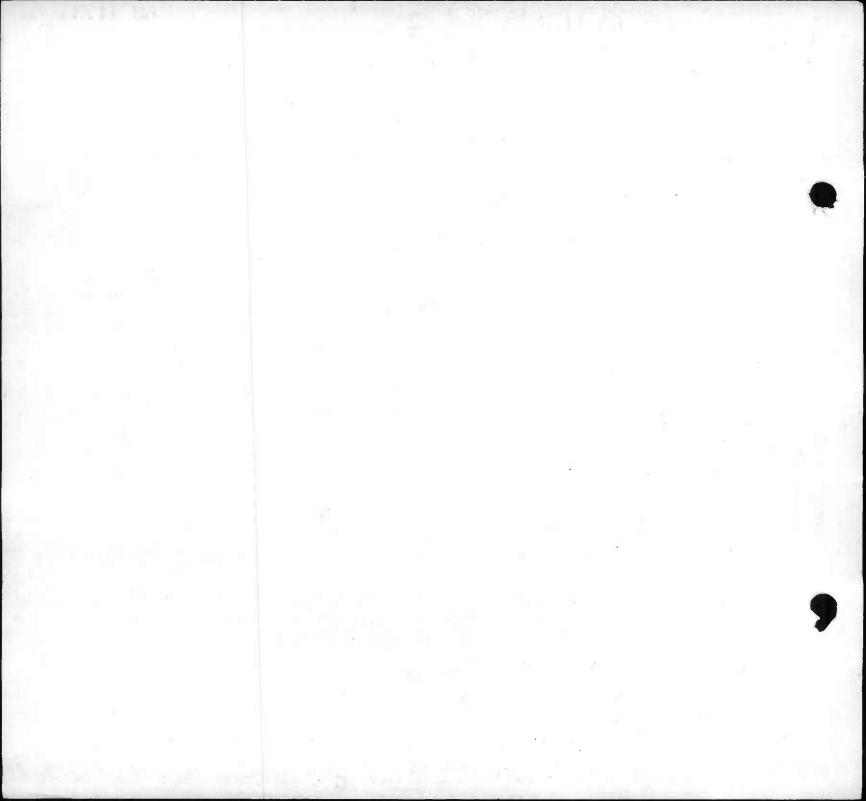


	D USA BALTIMORE CIT	THEALTH DEPARTMENT X REG. NO. 69 11732						
B	irth No. 69 11732 CERTIFICA	TE OF DEATH REG. NO.						
1	NAME OF DECEASED ype or Print	2. DATE AND HOUR OF DEATH						
- -	DEAL, Janet PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	11/23/69 9:00 P. M.						
- []		4. USUAL RESIDENCE (Where deceosed lived, It institution: residence before admission) A. STATE B. COUNTY						
	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) STITUTION	Maryland Anne Arundle 52						
1)"	9.0	C. CITY OR TOWN Arnold D. INSIDE CITY LIMITS? YES NO						
	The Tales II . I .	E. STREET AND NUMBER						
5	The Johns Hopkins Hospital	210 Baybourne Drive						
	Female White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED X	8. DATE OF BIRTH 9. AGE (In years lost birthday) 12/12/42 9. AGE (In years Months Doys Hours Min.						
10	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote) or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
1100	and duping most of working life, even if retired) Like 18/1449 (allege)	Wisconsin USA						
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Riley Walling	Barbara Wensole						
1.5 (Y	. Wos Decembed Ever in U. S. Armed Forces? es, no or unknown Ulf yes, give wer or dotes of service SECURITY NO.	17. INFORMANT ADDRESS						
	// 0	Kelen 11/alling above						
	18: 23 %, CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Carlos esperato						
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
	injury ar complication which caused death.)							
	DISEASES OR CONDITIONS, il any, giving (B) DIE TO, OR AS	A CONSEQUENCE OF:						
	rise to the above cause (A) stating the	A CONSEQUENCE OF:						
	II							
N Z	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODISEASE OR CONDITION GIVEN IN PART 1 (A)							

I I	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? IYes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
Ü	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	er obout 21 C. WHERE DID (If In Boltimore City, give exect location)						
N S	DEATH (notify medical examine)	A A						
MEDI	21D. TIME (Month) (Poy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
	(APPROX.) While At Work At Work							
I	22. I certify that (I) (this hospital) attended the deceased from 1969 to 1969							
-	that (I) (we) last saw the deceased alive on 11/23 and that In (my) (our opinion death accurred an the date							
	ond hour ond fram the causes stated abave. (1) (He) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNSD							
	I A Dhim	iding Med. T Stoff the						
	22C PHYSI CLAARS	3D. ADDRESS						
	Richard Katz, M.d. Richard Katz, M.d. Richard Katz, M.d.							
24	REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION (City, town, or county) (Storg)						
25	The state of the s	win My Barnie Mid						
N	V 28 1969 CONTROL OF THE PARTY OF REGISTRAR	250. FUNERAL DIRECTOR ADDRESS						
VS	150-REV. 1/1/68	John of Janes Selma M. In						



	00 44500	BALTIMORE CITY	HEALTH DEPARTMENT		69 11733
	69 11733	CERTIFICA	TE OF DEATH	REG. NO	
	RTH NO.	CERTIFICA			
	Pe or Print) LUCILLE	BRANCH	7.25	am II	28/69 M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	4. USUAL RESIDENCE (Where	e deceased lived. If	institution: residence before admission)	
H	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		herylan C. CITY OR TOWN	d	NSIDE CITY LIMITS?
IN			Rallimol		YES & NO
	46 Luthern Ho	E. STREET AND NUMBER 1734 No Fulfor Av			
1		2963, Parkingood Author 21217			
5. :	SEX 6. RACE 7. MARR	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. H Under 24 His.			
	Jense Negroe widow	VED DIVORCED	3-26-08	64	Months Doys Hours Min.
	N. USUAL OCCUPATION (Give kind of work 10B, KIND to during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	none	horfolk (o. Va.	26.8.0.
	Jessie H. Lanca	alsozir	ra Car	ney 1903, Parkwood Av.	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	. 00	ADDRESS OF A
	No	212-11-011	Annie Thor	n lull o	(1113) PACKWOOD HV.
	18. / > > />	CAUSE OF DEATI			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAU	SE Viralmil	- acio	10878
	(This daes not mean the made of dying, heart failure, asthenia, etc. II means the dise	e.g., DUE TO, OR AS	CONSEQUENCE OF:		
	injury ar camplication which caused death.)				• 0
	ANTECEDENT CAUSES	Con	geshie cer	aire ja	uluie
	DISEASES OR CONDITIONS, if any, give	\-/	A CONSEQUENCE OF:	·	
	rise to the above cause (A) stating	the			
	UNDERLYING CONDITION last.	(C)			
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG			
TION	TO THE DEATH BUT NOT RELATED TO THE TERMIN			o= 00 00 00 00 00 00 00 00 00 00 00 00 00	
O	19 A. DATE OF OPERATION 198, CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WEI	RE FINDINGS CONSIDERED
CERTIFI	WAS PERFORMED		No	IN CERTIFYING	CAUSES OF DEATH?
AL CER	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of	n or about 21C. WHERE DID	(If in Baltin	more City, give exact location)
U		etc.)			
\EDI	OF INJURY (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2	(APPROX.)	While At Not While Work At Work		7	
	22. I certify that (I) (this haspital) attende	ed the deceased from	11/20 1	19 65 ta	11/28 1969
	that (I) (we) last saw the deceased alive				
				21 (11(111y) (UUI) C	spinion death accorred an ine date
	and haur and fram the causes stated above	e. (I) (We) (did) (did nat) v	iew the bady atter death.		DATE SIGNED
	23A. SIGNATURE DA SAPERE	. Atte	nding Med.	Shaff	23B. DATE SIGNED
	All of the second	Phys	. Director L	Phys.	11/2-8/6)
	PASSICIAN'S NAME (Type) PRATIMA 11 4A		23D. ADDRESS	14-0-2	18.0
	TENTINA ICHA	STAG112 DEGREE	Luthere	n Itosp	The
24	A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	C. NAME OF CEMETERY OF CRE	MATORY 24D. LC	OCATION	(City, town, or county) (Stotel
	Burial 12/3/69	Pentrostal	Holines Cem Po	rtsmout	to, Va.
25	A. DATE REC'D BY HEALTH DEPT. 258. NA	NE OF REGISTRAR	25C. FUNERAL DIRECTOR	0 2/	ADDRESS CAPAC
		e Aurosi Lia	Julyan favo	resal Hom	e-1631N ruighel
	150-REV. 1/1/68	()			



55-77-96 sab

pital and of death Deceased

of

Such on th

disposition

final

are

remains

before

obtained

pe

must

approval

written

7

0

prior

eceased

O

at An

d

0.0

Was

of hospital eath)

was released accident

he body

shows:

certificate

This

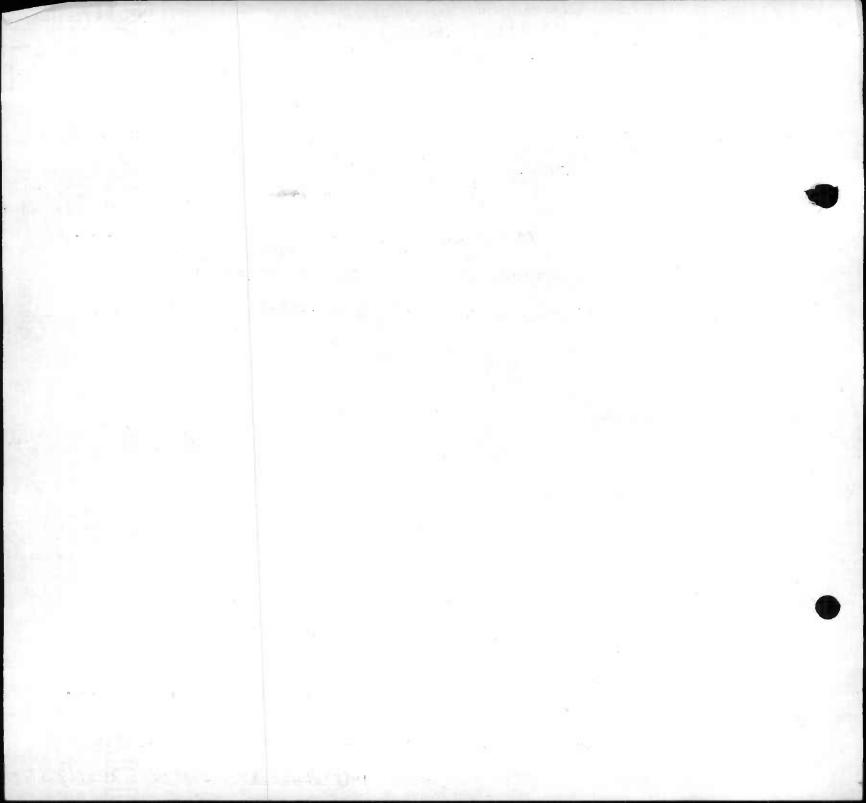
BALTIMORE CITY HEALTH DEPARTMENT 11734 REG. NO. CERTIFICATE OF DEATH I. NAME OF DECEASED 2, DATE AND HOUR OF DEATH (Type or Print) 6 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed ed. If institution: residence before odmission) A. STATE B. COUNTY (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF Maryland HOSPITAL OR D. INSIDE CITY LIMITS YES NO Baltimore Baltimore City Hospitals E. STREET AND NUMBER 4940 Eastern Avenue 509 South Register Street 21231 Baltimore, Maryland 21224 S. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. · MARRIED NEVER MARRIED Months! Doys Hours lost birthdoy 4-22-1914 55 White DIVORCED Male WIDOWED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Maryland BALTO. TRASIT 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Signul Fewallou

15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) [(If yes, give wor or dates of service) 6. SOCIAL SECURITY NO. Records: BCH-4940 Eastern Avenue 21224 APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE DISEASES OR CONDITIONS, if any, giving la the above cause (A) slaling the auoxia UNDERLYING CONDITION last. II ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) CERTIFIC 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exoct location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) etc.) 21 D. TIME 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hout) 21E, INJURY OCCURRED OF INJURY While At Not While 1 (APPROX.) At Work Work 22. I certify that (1) (this haspital) attended the deceased from 19 6 ond that in my that (1) (we) last sow the deceased alive an (aur) aplnian death accurred an the date and haur ond from the causes stated abave (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 238, DATE SIGNED Attending Med. Phys. Director 23C. PHYSICIAMS 23D. ADDRES940 Eastern Avenue Haltimore, Md. 21224 I. Lynn Neefe 24A, BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) 258. NAME OF REGISTRAR

VS 150-REV, 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

MINEBER +SONSING, 4

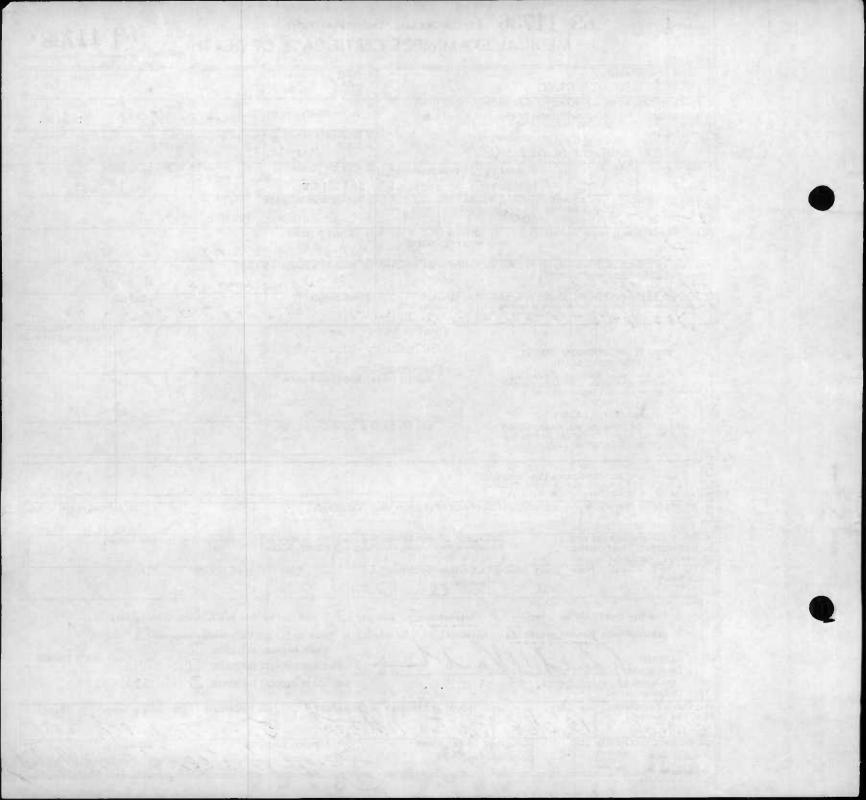


	BIE) -25C	69	1173	1	TY HEALTH DEPA		REG. NO	69 11735	Ď
	1, 1	NAME OF DECEA						ND HOUR OF DEATH		
			n			26-69	4:2	5 p • м.		
			AORE MARYLAND, W	HERE PRON	OUNCED DEAD	4. USUAL RESID	B. COUN	ne deceased lived. If in	stilution: residence before	odmission)
	FU	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION HOSPIT			Marylan	nd		150	1	
		Provident Hos			tal, Inc.	c. CITY OR TOW		Avenue D. INSI	YES NO	
	,	39				E. STREET AND			ILS [[2] IVO	
nage	5. 9	SEX 6.	RACE	13				Avenue		
E			Negro		NEVER MARRIED			9. AGE (In years last birthday)	Months Days Hours	or 24 Hrs. Min.
2	t0A	LUSUAL OCCUP	TION (Give kind of work	WIDOWEL	DIVORCED DIVORCED	12/16/9	(State or fore	70		
5 1	don	ne during most of wor nemployed	king fife, even if ratired)	1	BURER	Virgini		igii county)	12. CITIZEN OF WHAT	COUNTRY
osi	13.	FATHER'S NAME				14. MOTHER'S A		ME	0.2.A.	
2		IsiAh	JACK	5021			-			
3	15. (Ye:	Was Deceased Ev	er in U. S. Armed Ford yes, give war or date:	ces?	SECURITY NO.	17. INFORMANT			ADDRESS	
		NO			212-16-9685	Mr. Robe	ert Cla	ay- Godson	330 N. Stric	ker St
5		18.440	.9		CAUSE OF DEA				APPROXIMATE II	TERVAL
3			OR CONDITION DIR	ECTLY		1	1	- 1 (ditti	oth lines	ND DEATH
		(This does not	mean the mode of	dying, e.g.	(A) IMMEDIATE C.	S A CONSEQUENCE	OF	s of Guin	muras	- 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		injuty of complic	henia, etc. It means talion which caused	the disease death.)				1		
	ANTECEDENT CAUSES									
		nise la lhe	CONDITIONS, if above cause (A)	ny, giving	DUE TO, OR	S A CONSEQUENCE	OF:			
2		UNDERLYING C	ONDITION last.	olulling the	(c)	***************************************				
	z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
	¥	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).								
	CERTIFICATION	19A-DATE OF OP	ERATION 198. CONE	NION FOR	WHICH OPERATION	20A. AUTOPSY	? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED JSES OF DEATH?	
	8	2) A. ACCIDENT			D Bt A C C C C C C C C C C C C C C C C C C	No				
	NA S	DEATH (nglify me		hon	R PLACE OF INJURY (e.g., ne, form, foctory, street, J	in ar about 21 C. WH office bldg., INJURY	OCCUR?	(It In Baltimare	City, give exact location)	
	3	OF INJURY	onth) (Day) (Year)		INJURY OCCURRED	21F. HO	JENI DID W	JRY OCCUR?		
		(APPROX.)		We						
					he deceased from O		1	9 69 to Nover	mber 26, 19	69
			,		lovember 26.	1969	ond tha	it in (my) (our) opin	lan death occurred an	the date
		ond hour ond fro 23A. SIGNATURE	m the causes state	d obove. (1) (We) (did) (did not)	view the bady oft	er death.			
		Q.			At	ending Med	d. m :		238 DATE SIGNED	
		23C. PHYSICIAN'S NAME (Type)	a cas	-	DEGREE Ph	23D. ADDRESS	ictor 🗀 i	Staff Phys.	11-28-69	
		NAME (Type)	C. Laredo		M D	757/ D:	ision	Street Bal	lto., Marylan	nd
1 2	4A	BURIAL CREMAT	ION. 248 DATE		M.D. DEGREE					(State)
	1	BURIAL	11/29/6	9 m	TARBURN	d'Emeter	11/1/2	150.00	04.4.4	4-/
2	5A.	DATE REC'D BY	HEALTH DEPT.	ME C	OF RIGISTRAR	25C. FUNERAL	DIRECTOR	SIFORI	MACHAN	100
	D	EC 1 196	9 Jabber E.	1	900	O'DOWN.	16 EV6	LOVER 1	170/NIBATTER	SCAL
V	5 1	50-REV. 1/1/68								

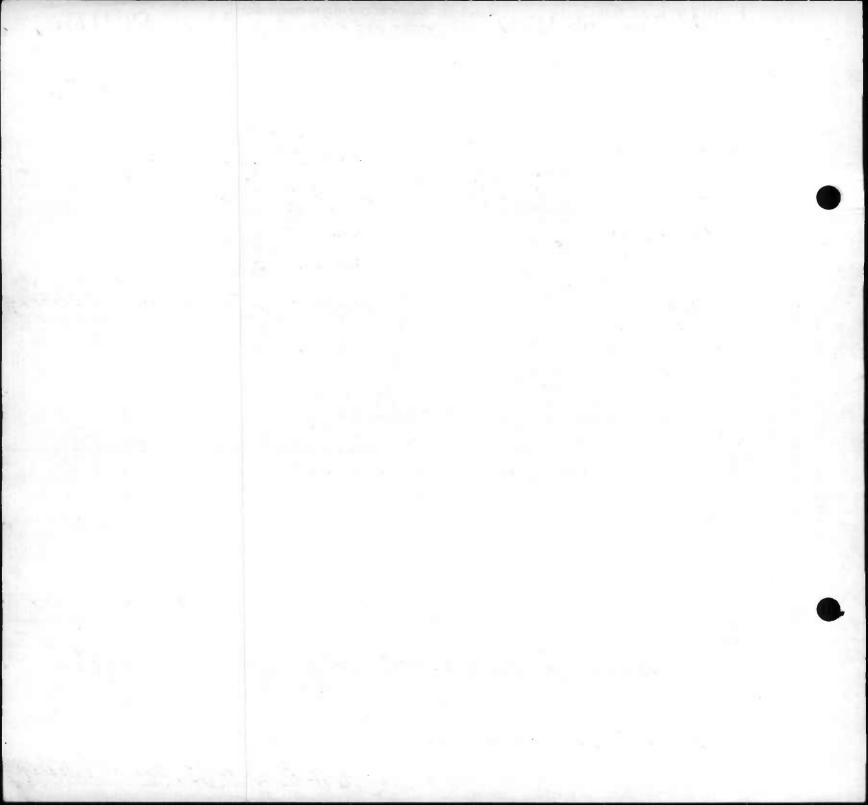
t t • •

69 11736 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH BEGIN

BIRTH NO.		MED	ICAL	EXAMINERS	LEKIILI	CATE OF	DEAT	REG. NO		-2700
1. NAME OF DE	CEASED				2. DATE	Known 🗆	Month	Doy	Yeor	Hour
(Type or Print)	LEROY	CLAY			OF	Estimoted	***************************************	204	7601	Hour
4. PLACE IN BA	LTIMORE, MA	RYLAND, W	HERE PI	RONOUNCED DEAD	3. DATE	- Commonded	Month	Doy	Yeor	Hour M.
FULL NAME OF	(IF NO	TIN HOSPITA	LORINS	TITUTION, GIVE STREET	PROMOUNICED DEAD				9:45 A.	
OR INSTITUTION	ADDRE	SS OR LOCA	TION)		5 HEHAL D	ESIDENCE (When				M.
1200) A = 1- 1 =			(DOA)	A. STATE			B. COUNTY	A Sigence D	()
	Ashlar	id Aver		(DOA)		Maryland			101	211
6. SEX	7. RACE		B. MARE	RIED NEVER MARRIED	C. CITY OR			D. INSIDE CIT	Y LIMITS?	
Male	Neg	gro	WIDOV	VED DIVORCED	Balti	more	9537	YE	s 🔲	NO O
9. DATE OF BIRT		10. AGE (In	4 .0	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET	AND NUMBER				
1-06	- 09		60		1300	Ashland	Avenue			
11. BIRTHPLACE	State or loreig	n country)		12. CITIZEN OF	13. FATHER	'S NAME	_			
40.				WHAT COUNTRY?	m	AC (LAY	,		
14A.USUAL OCCL	JPATION (Give	a kind of work	4B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	ME		1	
done during most of	working life, eve	en Il retired)			MI	ADV O	1 AL	Luck	ETT	
16. WAS DECEAS	SED EVER IN I	U.S. ARMED	FORCES	57 17. SOCIAL	18. INFOR	MANIT	-1.7	AD	DPESS	
(Yes, po or unknown		or or dates		SECURITY NO.	OHE		(AV)	013 BF	LAIR	Rd
119. 7 5. 5	1/14/42	- 19-	24/	5-3 212-12-2179		3, 4, 6,	-117 0	OF DE		7, 4
101	1.91			CAUSE OF DEA						PROXIMATE INTERVAL ZEEN ONSET AND DEATH
DISEAS	SE OR CONDI	ITION DIREC	CTLY	Pulmonar	ry Tuberculosis					
/***	LEADING TO			(A)IMMEDIATE C	CAUSE					
heart lailure	not meon the e, osthenio, etc.	It meons the	discose,	DUE TO, OR A	AS A CONSEC	UENCE OF:				
Injury or co	mplication which	h coused dea	Ih.)							
A	NIECEDENT	CAUSES		/o\						
DISEASES	OR CONDITIO	ONS. IF ANY	GIVING	(8) DUE TO, OR	AS A CONSE	QUENCE OF:				
II UNDERIVI	IE ABOVE CAL	ON LAST.	ING THE							
OTHER SIGN TO THE DE DISEASE OF 20A. DATE O				(c)						
OTHER SIGN	NIFICANT CON	II IDITIONS CO	NTRIBLE	TING						
O THE DE	ATH BUT NOT	RELATED TO	THE TERM	INAL						
20A. DATE O				FOR WHICH OPERATION WA	AS PEREORN	ED			21 AUTO	PSY? (Yes or No)
Ü				TO A THIRD OF EXAMINITY WA	AS FERFORM				21. AUIO	7317 (165 01 140)
₹ 22A. EXTER	NAL CAUSE	MAC		228 BLACE OF INITION		OC MUEDE DID	/st 1 = 0 to		no	
O LINDEDIVING	G OR CONT			228. PLACE OF INJURY (e.g., home, lorm, foctory, street, office	e bidg., etc.) il	VJURY OCCUR?	(II In Baltimor	e City, give exac	t location)	
	USE OF DEA									
OF INJURY	(Month) (D	ογ) (Yeor) (Hou			2F. HOWDID IN	JURY OCCU	JR?		
(APPROX.)				m. WHILE AT NOT AT W	WHILE CORK					
23.			_							
	tify that I he		nquiry L	Inspection X Aut	topsy	ond that on t	his basis,	deoth in my o	pinion	
resul	ted from: No	etural cau:	ses X	Accident Suicid	le 🗌 Ho	micide 🗌	Undetermir	ned manner 🗌		
		/ /	111	1/1/		CHIEF MEDICAL	EXAMINER			
SIGNAT		uld	1/1	land M.D.	ASSI	STANT MEDICAL	EXAMINER	\boxtimes		DATE SIGNED
EXAMIN		ald N	Kor	nblum, M.D.		CIATE MEDICAL	EXAMINER	□ 1	1/30/6	59
NAME (Type)		101						1,30,0	
24A. BURIAL CRE REMOVAL (Spec	MATION, 24	48. DATE	1	24C. NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, town,	or county)	(State)
B:11/		12/3	16	Balto, no	1/12/	11	501	Fools	rel	110
25A. DATE REC'D	BY HEALTH D	DEPT.	25B. N	AME OF REGISTRAR	V250 1	UNER AL DIRECT	OP.	1/6/16	DRESS	9.6
neo 1	1969	200		ween M.D.	1	- A A A	1 1	B 01	LA .	V.11
Litte	1202	المالين ما الره بياه الله			11	- 7. C	. H.DR	11/1	304	A Contral
VS 151-REV. 1/1/6	8			11: 11 12	11	7 7 1		0		



1. N	7/1-324 69 11737 CERTIFICA	TE OF DEATH REG. NO. 69 11737 2. DATE AND HOUR OF DEATH
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	11/28/69 130 P. M. [4. USUAL RESIDENCE (Where deceased lived, If inglitution; residence before admission)
FU HC	IL NAME OF STREET STRUCTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MT. SINAI NUTSING HOME	C. CITY OR TOWN BALTO DINSIDE CITY LIMITS? YES NO E. STREET AND NUMBER FHILE. FEDERAL ST
don	THE REAL MARKIED	B. DATE OF BIRTH 9. AGE (In years lost birthday) 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13.	·	CARRIE BRISCOE.
15. (Ye	Was Deceosed Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of service) 1 6. SOCIAL SECURITY NO.	Roland H. mitchell 1411 E. FEderAL
CERTIFICATION	heart failure, asthenia, etc. It means the disease, injury at complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	A CONSEQUENCE OF: A CONSEQUENCE OF: Legge 20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL	OR CONTRIBUTING CAUSE OF home, form, foctory, street, o etc.)	ffice bldg., INJURY OCCUR?
MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work At Work Not Work No	21F. HOW DID INJURY OCCUR?
	22. I certify that (I) (this haspital) attended the deceased framthat (I) (we) last saw the deceased alive on	19 ta 19 19 19 19 19 19 19 19 19 19 19 19 19
	23C. PHYSICIAN'S NAME (Type)	onding Med. Staff 238, DATE SIGNED 1/2 9/6-9
24/	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE BURIAL (Specify) BURIAL (ALVAR A. DATE: REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
	and the state of t	



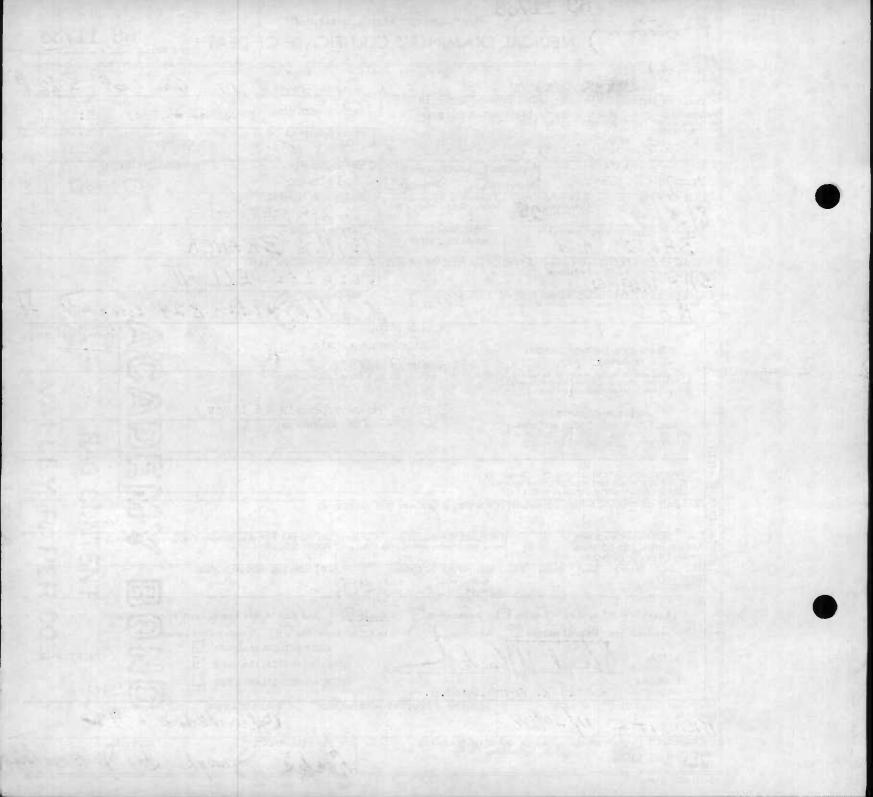
B-652 MEDICAL I

BALTIMORE CITY HEALTH DEPARTMENT

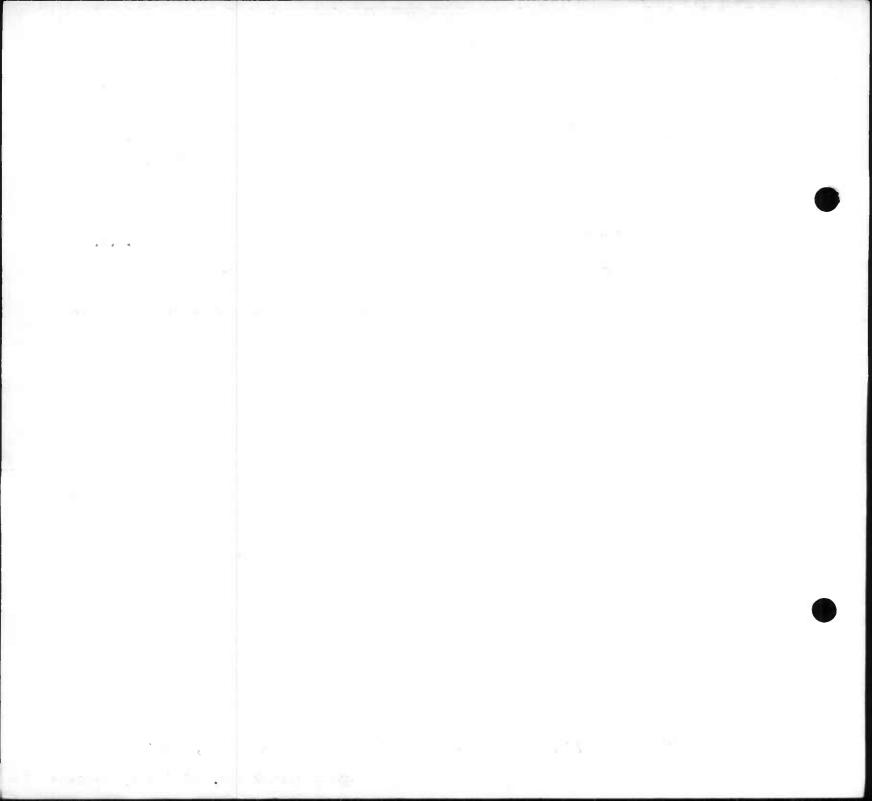
AFDICAL	FY A MINIFP'S	CEDTIFICAT	E OF DEA

69 11738

PER NO.								
BIRTH NO.								
(Type or Print) OF STATE ITA DE ANGLE	1 4							
DEATH	- M.							
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD NOVEMber 26, 1969 5:22 A								
HOSPITAL ADDRESS OR LOCATION)	. M.							
718 Aisquith Street S. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission and a state of the state of t	n)							
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?	_							
Female Negro Baltimore								
P. DATE OF BIRTH 10.AGE (IT YEARS) If Under 1 Yr, If Under 24 Hrs. E. STREET AND NUMBER								
8/3/43 lost birthdoy 5 Months, Doys Hours Min. 718 Aisquith Street								
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME								
BALIO M& WHAT COUNTRY? WILLE BRANCH								
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME								
BARM DI A ROSA LEE ELLIOTT								
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. NFORMANY ADDRESS	-							
(Yes, no polunknown) (If yes, give wor or dotes of service) SECURITY NO.	1							
nominal 1	- /							
BETWEEN ONSET AND								
DISEASE OR CONDITION DIRECTLY Bronchopneumonia								
LEADING TO DEATH (A)IMMEDIATE CAUSE								
(This does not mean the mode of dying, e.g., heart foilure, asthento, etc. it means the disease, injury or complication which caused death.)								
이 마스타면 하면 가면 가게 되었다. 그 나는데, 전문에서 나를 가지면 나는데 하는데 가는데 없는데 없다.								
ANTECEDENT CAUSES (8) Fatty Metamorphosis of Liver								
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF: RISE TO THE ABOVE CAUSE (A) STATING THE								
LUNDERLYING CONDITION LAST								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
L DISEASE OR CONDITION GIVEN IN PART 1 (A).								
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or N	10)							
1700								
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Dov) (Year) (Hour) 22E INJURY OCCURED 225. HOW DID INJURY OCCURED								
OF INJURY (APPROX) WHILE AT NOT WHILE								
m. WORK AT WORK								
1 certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion								
resulted from: Natural causes X Accident Suicide Homicide Undetermined manner								
ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED	D							
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X								
EXAMINER'S ASSOCIATE MEDICAL EXAMINER /								
NAME (Type) Ronald N. KornBlum, M.D. 11/26/69								
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION, (City, Joyn, or county) (Stote)								
KEMOVAL 11/30/01	-							
25A. DATE REC'D BY HEALTH DERT. 25E. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS								
DECI 1909 Jacob S. M. 1304h	1/8							
VS 151-REV. 1/1/68	9							



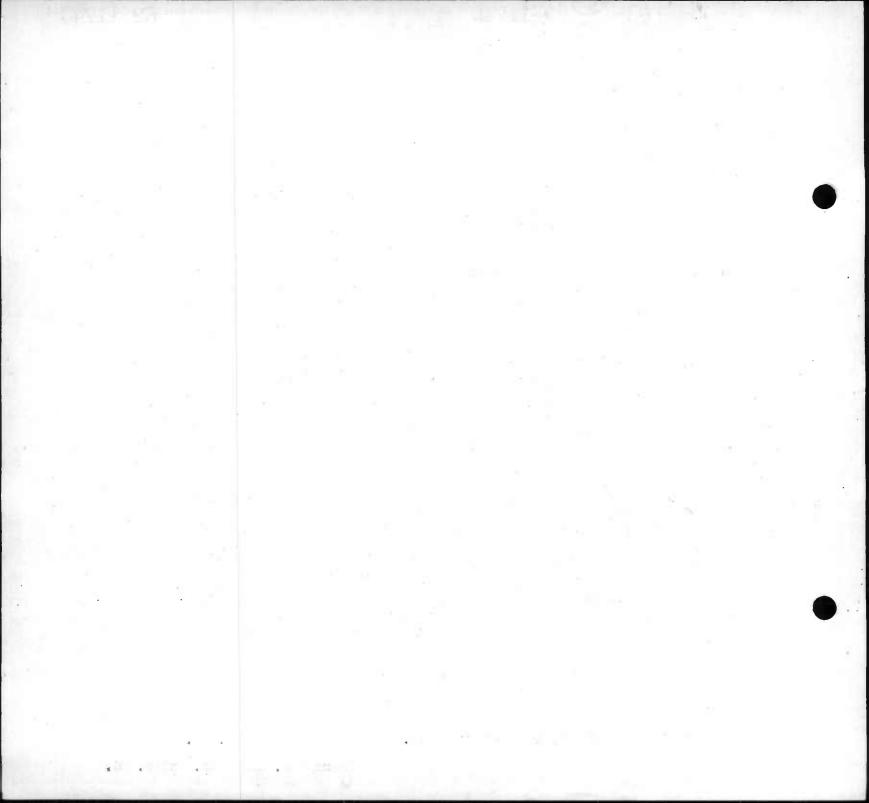
	TY HEALTH DEPARTMENT							
BIRTH NO. 69 11739 CERTIFICA	ATE OF DEATH REG. NO. 11700							
(Type or Print) NOAH F. LY TL	E DATE AND HOUR OF DEATH							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. It institution; residence below administration							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET	A. STATE B. COUNTY 2744							
Cleron Mun ac Hopital	C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO							
44	E. STREET AND NUMBER RESTREET AND NUMBER RESTREET AND NUMBER RESTREET AND NUMBER							
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. II Under 24 Hr. Months; Doys Hours; Min.							
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or foreign county) 12. CITIZEN OF WHAT COUNTE							
Retired Conductor	1/ 2							
13. FATHER'S NAME	Maryland U.S.A.							
Pleasant Lytle	Katherine Rosier							
15. Was Deceased Ever in U. S. Armed Forces? 116 Social								
(Yes, no or unknown) (II yes, give wor or doles of service) SECURITY NO.								
18. CAUSE OF DEA	Mr Paul E Lytle 1245 Walters Ave 21212							
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEAT							
(This does not mean the mode of dying e.g. (A) IMMEDIATE CA	LEADING TO DEATH (This does not mean the mode of dving e.g. (A) MAMEDIATE CAUSE TO Chops an Am a 5 days.							
heal failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	healt tailure, asthenia, etc. It means the disease.							
ANTECEDENT CAUSES	- h2							
	S A CONSEQUENCE OF:							
rise to the above cause (A) stating the UNDERLYING CONDITION tast.	bets hillitus (agus							
z II (). Ja	1.10.10.10.10.							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	408 clere Die Vascular Disense Boyy							
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
	in or about 21 C. WHERE DID (If in Boltimore City, give exact location)							
21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY White At The Not White	21F. HOW DID INJURY OCCUR?							
I I(APPKI)X.	ile 🗀 🗼							
Work At Work 22. I certify that (I) (this hospital) attended the deceased from 19 ta 19 that (I) (we) last saw the deceased alive an 19 that (I) (we) last saw the deceased alive an 19 that (I) (we) last saw the deceased alive an 19 that (I) (we) last saw the deceased alive an 19 that (I) (we) last saw the deceased alive an 19 that (I) (we) last saw the deceased alive an 19 that (I) (we) last saw the deceased alive an 19 that (I)								
that (1) (we) last saw the deceased alive an	that (1) (we) last saw the deceased alive an /1 / 3 and that in(my) (eur) opinion death occurred on the dote							
and hour and from the couses stated abave. (1) (We) (dld) (did not)	and hour and from the couses stated abave. (1) (We) (did) (did-not) view the bady after deoth.							
23A. SIGNATURE AND AH	23A. SIGNATURE Attending Med. Shoff C							
23C. PHYSICIAN'S RIP BIRG MY	23G. PHYSICIAN'S NAME TIPPEY Phys. Director Phys. Director Phys. Director 23D. ADDRESS							
24A. BURIAL GREMATION, 24B. DATE 24G. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (Gity, town, or county) (Stote)							
Burial 11/29/69 Gardens Of Fait								
25A. DATE REC'D BY THE HAPPY OF PERALEDE REGISERAR	25C. FUNERAL DIRECTOR ADDRESS							
VS 150-REV. 1/1/6R	Leonard J.Ruck Inc. Baltimore, Maryland							



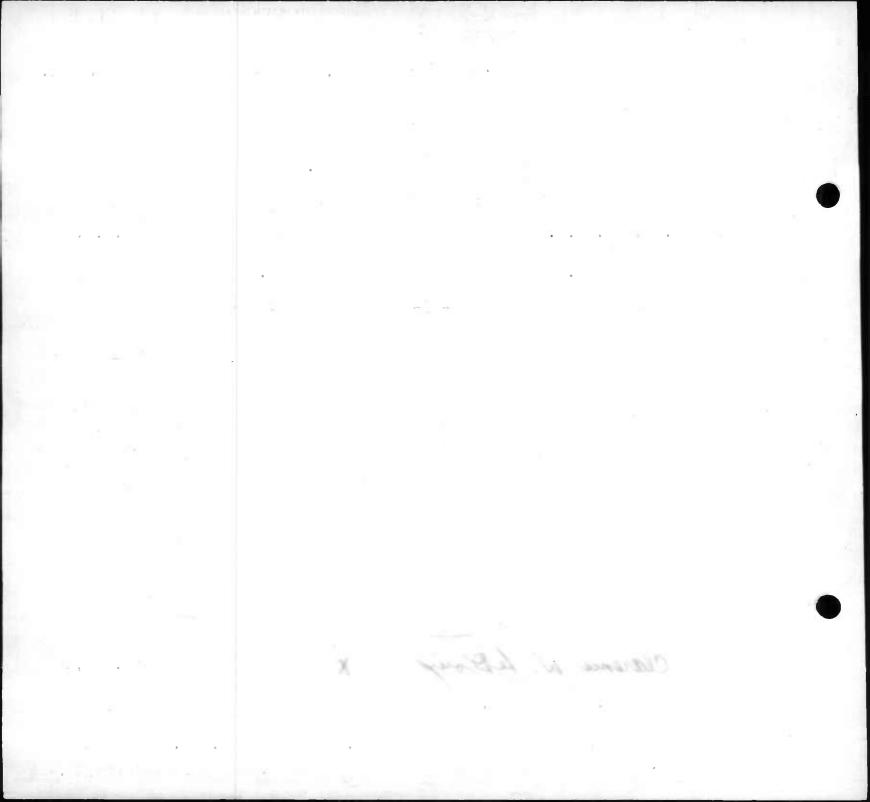
FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

12	69 117	40 BALTIMORE CITY	HEALTH DEPARTMENT	69 11740					
110)-255	20	TE OF DEATH	REG. NO.					
	H NO. AME OF DECEASED Ann			HOUR OF DEATH					
	e or Print) Root	0 01		00					
3 9	LACE IN BALTIMORE MARYLAND, WHERE PRO			deceased lived. If institution; residence before admission)					
3. 1	the in shellmore marients, where the	NOUNCED DEAD	A. STATE B. COUNT						
FUL	L NAME OF (IF NOT IN HOSPITAL OR IN: SPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Md. CIT	/ Bultimore & O.S.L					
INS	TITUTION	1 1/	C. CITY OR TOWN	D. INSIDE CITY LIMITS?					
<	outh Baldmone G.	ene ral Hosp	12th ORR	YES NO NO					
	43	U	5503 Bowley	15 Lane 21206					
5. SI	6. RACE 7. MARRI	ED NEVER MARRIED		AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.					
	F W WIDOW		4-10-54	15					
	USUAL OCCUPATION (Give kind of work 10B, KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	+	4. 6. 40					
-	Student		New JRE	cey USA					
13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAM	E /					
		nton	Shireley	L. Smith					
Yes,	Vos Deceased Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS					
		-	Parents	same					
	18. 7.33.91	CAUSE OF DEAT	H	APPROXIMATE INTERVAL					
	DISEASE OR CONDITION DIRECTLY			I STATE OF S					
	LEADING TO DEATH	(A) MMEDIATE CAL	ISE Preumon	ua 4 days					
	(This daes not mean the made at dying, e.g., heart failure, asthenia, etc. It means the disease,								
	injury or complication which caused death.)								
	ANTECEDENT CAUSES (B) Non-specific Conganital Mygrathy 15 4125								
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:								
	tise to the above cause (A) slating UNDERLYING CONDITION last.	(C)	0						
	11	(-/							
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
¥	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).								
F.	19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
ERTIFIC	0		No	THE CERTIFICATION CAUSES OF DEATH:					
0	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimore City, give exact location)					
U	,	21 E. INJURY OCCURRED	21F, HOW DID INJU	BY OCCUR?					
	OF INJURY	While At Not While							
	(A PPROX.)	Work At Work							
	22. I certify that (1) (this haspital) attende			9 69 to 26-NOU 19 69.					
	that (I) (we) last saw the deceased alive (n 26-NOV	19_69 and tha	t in(my) (aur) apinian death accurred an the date					
	and haur and fram the causes stated abave	o. (I) (We) (did) (did nor) v	iew the bady after death.						
	23A. SIGNATURE			/ 23B, DATE SIGNED					
	Richard F G	Dhu	ending Med. S	26- Nov-69					
	23 C. PHYSICIAN'S	DEGREE	23D. ADDRESS	/ /					
	NAME (Type)	61.00	South R.L.	+ do Hoch					
24A	BURIAL CREMATION, 24B. DATE 240	NAME of CEMETERY OF CRI	EMATORY 24D 10	CATION (City, lown, on county) (Stote)					
-	REMOVAL (Specify)	arkwood Cem.		Lto. Md.					
25A		OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS					
	DFCT 1202 ASSETS CONTRACTOR	1-000	Leonard J. Ruc	ek Inc. Balto. Md.					
Vs 1	50-REV. 1/1/6B	0 1 6	10 / 34						



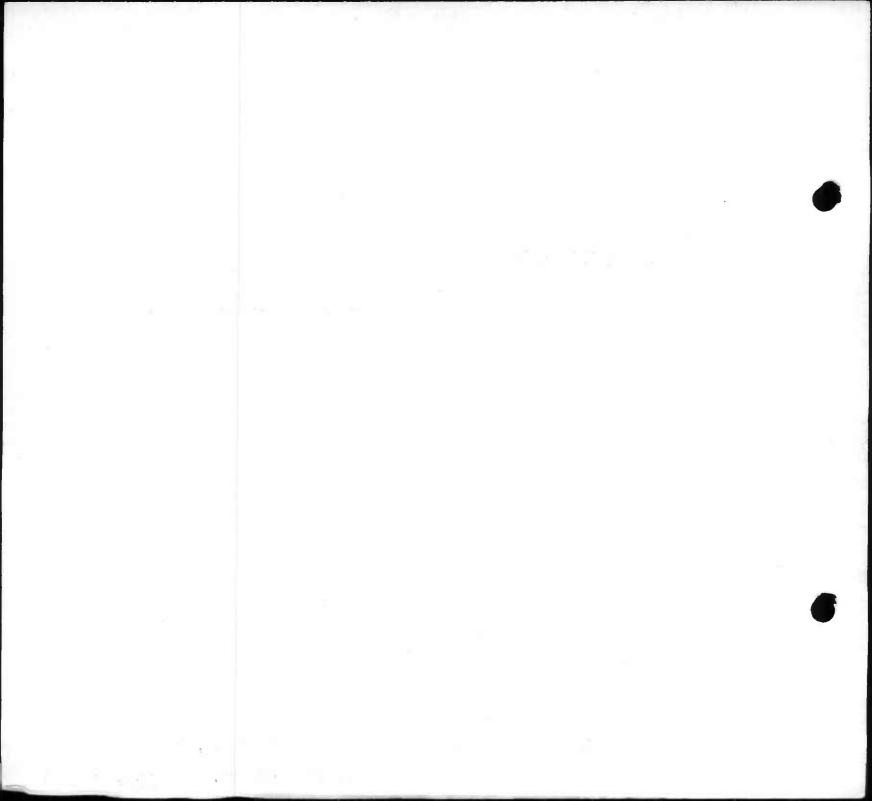
1	BALTIMORE CITY HEALTH DEPARTMENT 69 11741						
4.5	69 11741 CERTIFICATE OF DEATH						
Such	RTH NO. 2, DATE AND HOUR OF DEATH						
	CHARLES J. TREFFINGER Sr. Nov. 25, 1969 9.45 p.	M.					
	CHARLES J. TREFFINGER S. Nov. 25, 1969 9.15 p. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admissingly a state by COUNTY.)	sion)					
ea	Manual and						
nda to o	ULL NAME OF OSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION) D. INSIDE CITY LIMITS?						
(0)	Baltimore YES NO NO						
	MARYLAND GENERAL HOSPITAL						
d b	608 S. Ellwood Avenue	Hrs.					
regular eased pr	last birthday) Months Days Hours Mi						
is is	MALE CAUCASIAN WIDOWED DIVORCED 11/1/1880 89	NTRY?					
60	Ret. B.& O. R.R. Germany U.S.A.						
	Ret. B.& O. R.R. Germany U.S.A. FATHER'S NAME 14. MOTHER'S MAIDEN NAME						
th wa							
on dis	John B. Treffinger Rosina W. Winnai Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS						
0 -	es, no or unknown) (If yes, give wor or dates of service) SECURITY NO.						
= 4	no 705-05-8960 Charles J. Treffinger same						
unced tenda ed or	BETWEEN ONSET AND D						
ter	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						
att	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
pro ular mbal	hearl failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
000	ANTECEDENT CAUSES						
후 e e	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:						
in Is a	rise to the obave couse (A) stating the UNDERLYING CONDITION last. (C)						
physicia an was remain	11						
hysicio an was remair	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
phiar	TO THE DEATH BUT NOT RELATED TO THE TERMINAL (DISEASE OR CONDITION GIVEN IN PART 1 (A). 200. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED						
he p sicia	WAS PERFORMED NO IN CERTIFYING CAUSES OF DEATH?						
here the phy No physician before the re	21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)						
0 0 0	OR CONTRIBUTING CAUSE OF home, form, factory, street, office bldg., INJURY OCCUR?						
A Z A	2 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
cept w id (6) fr ained	OF INJURY While At Not While C						
xce							
9 0	22. I certify that (I) (this haspital) attended the deceased fram March 19 53 to November 25 19 6 that (I) (we) lost saw the deceased alive on November 24 19 69 and that in (my) (***) apinion death occurred on the						
	and haur and from the causes stated above. (I) (We) (did) (did not) view the body after death.	dote					
ospital death) must be	23A. SIGNATURE 23B. DATE SIGNED						
, = -	Clarence W LeDour Attending Med. Stoff Nov. 26, 1969						
o t o	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS						
A at a prior pprove							
was D.O.A. at deceased prio written appro	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)	ite)					
D.O. ase	REMOVAL (Specify)						
s E	Burjaj 11/29/69 Loudon Park Cem. Balto. Md. SA. DATE REC'D BY HEALTH DEPT. 258-NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS						
was D.O.A deceased written ap	DEC 1 1969 Best E Valley Mily () Leonard Jr Ruck, IncBalto, Md1	4					
	\$ 150-REV. 1/1/68	-					



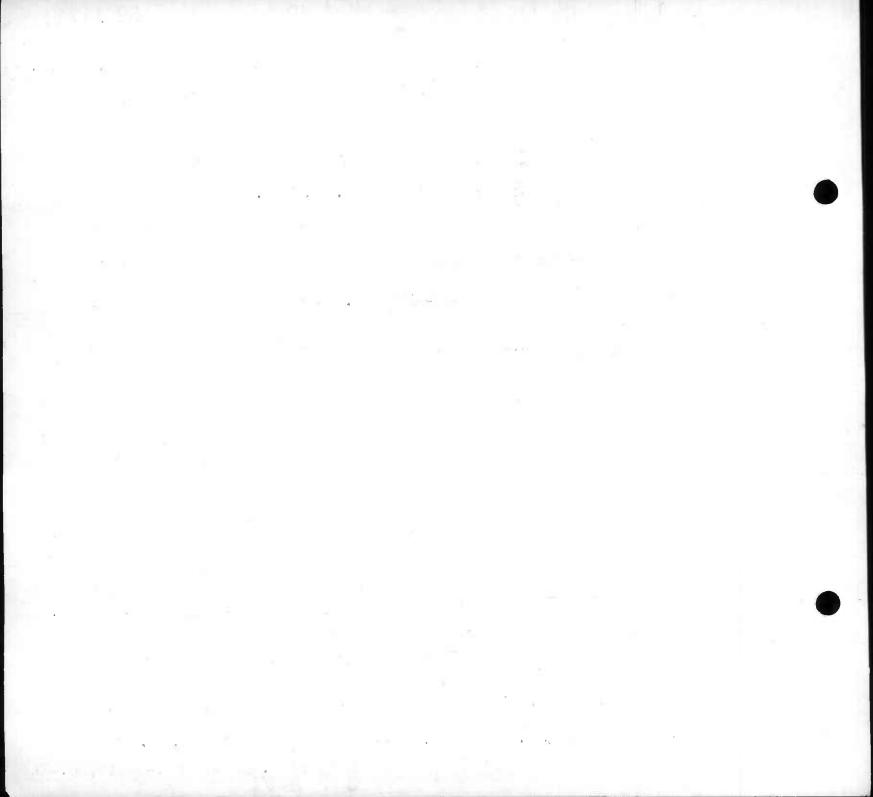
FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	S-1/3 CO de BALTIMORE CIT	Y HEALTH DEPARTMENT							
	BIRTH NO. 69 1174 CERTIFICA	ATE OF DEATH REG. NO. 69 11742							
	Type or Print) Seifert, Charles Edgar	2. DATE AND HOUR OF DEATH							
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)							
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. Baltomore 2641							
9	North Charles General Hosp.	C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YES NO NO							
	M. Charles St.	E. STREET AND NUMBER 450/ Seifert Que.							
	6. RACE WIDOWED DIVORCED	B. DATE OF BIRTH. 9. AGE (In years II Under 1 Yr. If Under 24 Hrs. Months; Days Hours Min.							
	0A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if religed)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	Grocery Retired -	Maryland USA.							
	3. FATHER'S NAME George J Seifert	Mary KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
1	5. Wos Deteased Ever in U. S. Armed Forces? (es, no or unknown) [If yes, give wor or doles of service] 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS							
	Ves WWI 2/4-01-6348	Mrs Maude A Seifert Same							
	CAUSE OF DEAT	H APPROXIMATE INTERVAL							
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	rebial vascular accident							
	(This does not mean the made of dying, e.g., head follows, ashed is a second follows, ashed is a second follows, ashed is a second follows.								
	ANTECEDENT CAUSES Anteriosclerotic cardiovascular disease								
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF									
	nise to the above cause (A) stating the UNDERLYING CONDITION last. (C)								
1									
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).								
Cidiana	19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
	12 B PLACE UP INJUST IO. II	n or chaut 21 C. WHERE DID.							
180	DEATH (notify medical examiner) home, form, foclory, street of	fice bldg., INJURY OCCUR? (If In Boltimore City, give exact location)							
1	OF INJOR!	21F. HOW DID INJURY OCCUR?							
	(APPROX.) While At Not White At Work								
	22. I certify that (1) (this hospital) attended the deceased fram 1/2 19 67 to 1/26 19 69								
	that (1) (we) last saw the deceased alive an	19and that in(my) (aur) opinion death accurred an the date							
	and haur and fram the causes stated above. (1) (We) (did) (did nat) v								
	y. Chitagle MJ. Atter	nding Med. Stoff Nov 26 69							
	NAME (Type) Chitraplee	North Charles General Hogelat							
24	REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)							
	Burial 12/1/69 Western	Baltimore, Maryland							
	EC 1 1969 COLOR E NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS Laonard J RuckInc. Baltimore, Maryland							
'V:	150-REV. 1/1/68								



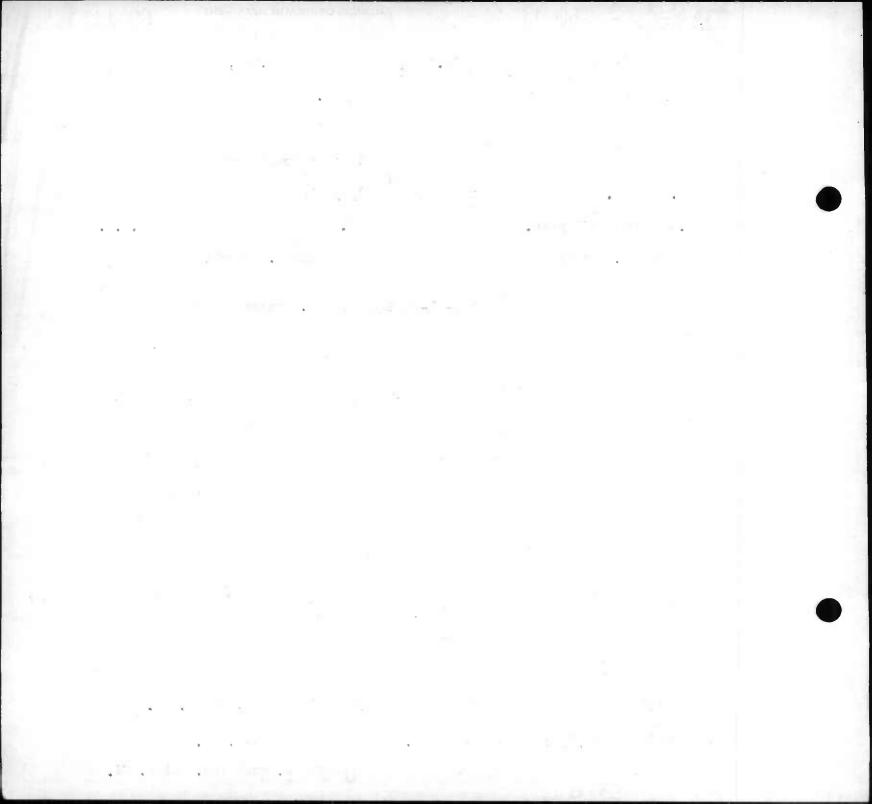
	1 - 2000 53 11/43	TE OF DEATH REG. NO. 69 11743
death death n the Such	I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
F - 9 o E	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	Nov. 26, 1969 1.12 a.m. M. [4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
nospi ise o (5) D ance deat	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland 2643
cau sse; end to	INSTITUTION	Baltimore E. STREET AND NUMBER
ting d cau	Melchor Nursing Home 2327 N. Charles St.	2701 Edison Highway
ntribu mine gular sed p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday) 15 Days Hours Min.
eri es	female caucasian WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Undet Undet as in sition	Housewife	Maryland USA
direct direct J; (4) U rh wa on the dispos	13. FATHER'S NAME Sebastian Fleckenstein	14. MOTHER'S MAIDEN NAME Catherine Halpert
0 0 0 -	15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
tin d	No 219-30-0380D	Mr. Thomas Spangler (Same)
f an f an nce end		e Arterioscherotio Cardio-Vascuba Drowe Soveral years
r or li	LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease,	ISE A CONSEQUENCE OF:
act act br br mb	injury or complication which coused death.) ANTECEDENT CAUSES	
examixami) A fr who who are e	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSEQUENCE OF:
_ 0 C = .= v	rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. (C)	
medical nedical burns; shysicia an was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
chiet 7 a n Body the p ysicic	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	20 A. AUTOPSY! (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
by ph for	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in order of the contribution of contr	n or obout 21C. WHERE DID (If in Baltimore City, give exoct location) ffice bldg., INJURY OCCUR?
ed by tospital lospital lospital pt where: (6) No ned be	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
y ne h y ne x xce	(APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased fram	Nov. 13 1969, Nov. 25 1969
0 0	that (I) (we) last saw the deceased alive an Nov. 25	19 9 and that in(my) (toos) apinian death accurred an the date
ust be a eased to ident of hospital o death) must be	and haur and from the causes stated above. (1) (%) (314) (did nat)	238 DATE SIGNED
J 0) . = = -	Loy M. Simmerman M. DEGREE Phy	s. Med. Shoff Director Phys. 11/28/69
This certificate miles body was relishows: (1) An accilowas D.O.A. at a fecessed prior to written approval	Dr. Lov M. Zimmerman	23D. ADDRESS
y wy (1) A 3.A. dpp	Dr. Loy M. Zimmerman 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY of CR	3202 Harford Road, Balto, Md EMATORY 24D. LOCATION (City, town, or county) (Stote)
This certifi the body v shows: (1) was D.O.A deceased written ap	Burial 11/29/69. Hely Redeemer Co	emetery Baltimore, Md.
This certhe bocshows: was D. deceas	DEC 1 1969 C. September 1969 C. September 1969	Leonard J. Ruck, IncBalto, Md14
	VS 150-REV, 1/1/6B	8 7 2 7



IMPORTANT DIRECTOR: FUNERAL

X REG NO CERTIFICATE OF DEATH pital and of death Such Deceased I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Elbert Rathell Krausz Sr. Nov. 27. 1969 uo hospital death. 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD A. STATE Baltimore ance cause; (5) cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN attend 0 Baltimore 2 prior Gould Nursing Home F. STREET AND NUMBER contributing 1734 Languort Road Undetermined regular 6. RACE 9. AGE (In veors 5. SEX MARRIED NEVER MARRIED deceased Bac lost biethday M. W. WIDOWED T DIVORCED 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) disposition = doReting most iverity of Barito. Md. SD 14. MOTHER'S MAIDEN NAME Anne R. Rathell 13. FATHER'S NAME L. Krausz the (4) death LO 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dotes of service) 17. INFORMANT 6. SOCIAL or final SECURITY NO. attendance 216-01-8133 Earl K. Krause no same CAUSE OF DEATH any pronounced DISEASE OR CONDITION DIRECTLY Also, med o LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) regul ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if any, giving the obove cause (A) physician before the remains UNDERLYING CONDITION lost. the chief medical (c)_ Was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION the O WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (2) where ° hospital MEDICAL DEATH (notify medical examiner) etc.) nature; approved by obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While (except While At (APPROX.) and Work At Work to the any 22. I certify that (I) (this hospital) attended the deceased from 1969 death); that (1) (we) last sow the deceased alive on. of hospital and hour and fram the couses stated obove. (1) (\(\mathbb{W}\epsilon\) (did not) view the bady ofter deoth. was released must accident 23A. SIGNATURE certificate must Attending 0 Director L written approval 23C. PHYSICIAN'S NAME (Type) O 23 D. ADDRESS prior to An Albert Bradley MD DEGREE ď 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY shows: (1) 24D, LOCATION deceased the body 0.0 REMOVAL (Specify) Burial Woodlawn Cem. Balto. "d. Was 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR

BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) D. INSIDE CITY LIMITS? NOT YES [If Under 24 Hrs. If Under 1 Yr. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Baltimore City, give exact location) and that in (my) (war) opinion death occurred on the date 4900 Belair Road, Balto. Md. ADDRESS peopard J. Muck Inc. Balto. Ma. VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); IMPORTANT FUNERAL DIRECTOR:

11) = 3/ 00	BALTIMORE CITY	HEALTH DEPARTMENT	1	
W-536 69 11	745 CERTIFICA	TE OF DEATH	REG. NO.	CO JAPICE
BIRTH NO. 1. NAME OF DECEASED WINTER (Type or Print)	1.1 1	2. DATE AN	D HOUR OF DEATH	10 16 1
Winter Tul	Rolles. A		27-69,	10 - 1 M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where	TY A Balling	fitution; residence before admission?
FULL NAME OF (IF NOT IN HOSPITAL OR II	NSTITUTION, GIVE STREET	16117 JARH	HAR MUN	ylana 5300
TIFICATE AME	NDED - 12/1	C. CITY OF TOWN	D. INSID	YES NO NO
900	DE 11/0	E STREET AND NUMBER		113 [2]
Yaix Hell	/ -	2765 XXX You	n aw	
SEX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdey)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
male white wido		11-27-85	84	
OA, USUAL OCCUPATION (Give kind of work 10B, KIN one during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	11). BIRTHPLACE (State or forei	gn country) /	12. CITIZEN OF WHAT COUNTRY
tire WXXXXXXX City Water De	战, 0. 什.	Maryland		U.S.A.
2 EATHED'S NAME SON SON	dam N. Winter	14. MOTHER'S MAIDEN NAM	1 1	
VERONO CONTRACTOR	Vinles	1/10	Clam.	
5. Was Deceased Ever in U. S. Armed Forces? Yes,no or unknown) (If yes, give wor or dates of serv	security NO.	17. INFORMANT		ADDRESS
No	213200621	Mr James E Win	nter 2424 Pe	lham Ave 21213
18.410.0 41 /85 X	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		ISE MYDEAN ALA	16 tovet	2 sels
(This does not meon the mode of dying,		A CONSEQUENCE OF:	1/4 1001-1	
heort foilure, osthenio, etc. It meons the dis injury or complication which coused death.)	eose,	, ,		
ANTECEDENT CAUSES	(8)	HCVD		
DISEASES OR CONDITIONS, if any, g	i viii g	A CONSEQUENCE OF:		
rise to the obove couse (A) stoting UNDERLYING CONDITION last.	(C)			
_ II	- 1 1	2.11		
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING PA INVESTATE	Bilating He	rnia	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	NDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		90	IN CERTIFYING CAU	SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If In Baltimore	City, give exact location)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
<pre>(APPROX.)</pre>	While At Work Not While At Work	e 🔲	N.A.	11
22. I certify that (I) (this hospital) attend	ded the deceased from	26 Jun	19 69 to 2	7 NOV 1969
that (I) (we) lost sow the deceased alive	on 27 Nov	1969 ond th	ot in(my) (our) opin	ion deoth occurred on the dot
ond hour and from the couses stoted abo		riew the body ofter death.		
23A. SIGNATURE	40	Aller Med en	s /	23B. DATE SIGNED
/ Aulla	DEGREE Phy		Staff Phys.	27 Nov69
23C. PHYSICIAN'S NAME (Type) J. HULLA	M.D. DEGREE	23D. ADDRESS 2214 E Fa	yette St	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	4C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (Cit	y, town, or county) (State)
	Most Holy Redeem	er Ba	altimore, Ma	ryland
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		more, Maryland
OFO T PAGE	The same of	Treplian a colline	THE DET OF	more a mary mand

12/10/69 - Correction form from funeral director.
Approved by S. Norton.

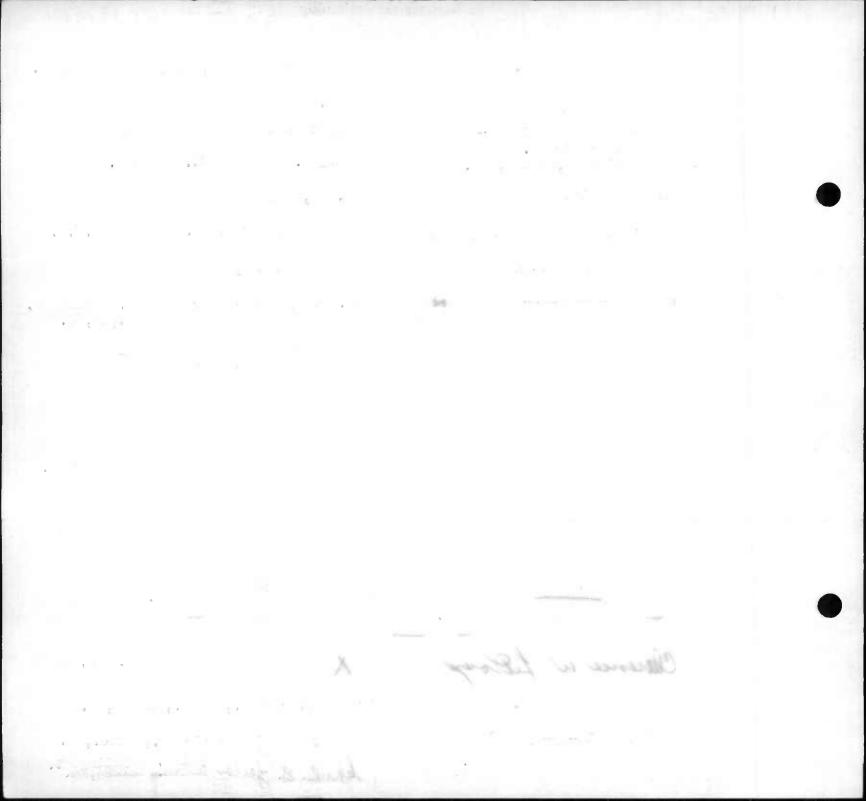
-	4-125 RTH NO.		9 11	1746				F DEAT		X REG. NO		69 1	11746
	Pe or Print)				/			2. DA	ATE AN	D HOUR OF DEA	ATH		. 10
3.	PLACE IN BAL	TIMORE MAI	YLAND. W	HERE PROM	OUNCED DEAD		A. USUA	L RESIDENCE	5 V	e deceased lived.	9	1	6 p M.
FU	ILL NAME OF OSPITAL OR STITUTION				ITUTION, GIVE STRE	ET	A. SIAI	MD OR TOWN	COUN	2160.	INSIDE CITY	5	BOO
T	ific A	TE	AME	END	ED-13/19	1/69	E. STREI	TAND NUM	IBER A	Neighbor	YES [Ive	NO [
	SEX .	6. RACE	_	WIDOWE			8. DATE	OF BIRTH	20	9. AGE (Int years lost birthday)	tl Un Month	der 1 Yr.	11 Under 24 Hrs. Hours Min.
t0A don	LUSUAL OCCU	JPATION (Give	kind of work	10B KIND C	F BUSINESS OR INC	DUSTRY	11. BIRTH	PLACE (Stote	or lorei	gn country!	12. C	TIZEN OF	WHAT COUNTRY?
	V A .	rewil	2					HD				115	SA
13.	FATHER'S NAM	ME Irvi	n R.	Godda	rd		14. MOT	HER'S MAIDE	NAN	ΛE		000	77
		XX =	ade					Carri	e Si	imon			
15. (Ye:	Was Deceased s, no or unknown)	Ever in U. S.	Armed Force	es? of service}	1 6- SOCIAL SECURITY NO.		7. INFO	MANT				ADDR	RESS
	No					8481	Mr.	Edwi	n Fo	ord Hopk	ins-	Same	
	18.430	91			CAUSE OF	DEATH			_	-		APPRO	OXIMATE INTERVAL
		DISEASE OR CONDITION DIRECTLY											
	IThis does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,												
	ANTECEDENT CAUSES (8) Ruy fund Cerebral aneways												
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:												
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)												
ATION	OTHER SIGNIFI TO THE DEATH DISEASE OR CO	BUT NOT REL	ATED TO THE	E TERMINAL	***************************************								
CERTIFICATION	19A-DATE OF	OPERATION	198. COND WAS PERFO	TION FOR	WHICH OPERATION		20A. A	UTOPSY? (Yes	ot No)	20B. IF YES, WE	RE FINDING	S CONSI	DERED
ICAL	21 A. ACCIDEN OR CONTRIBU DEATH Inotify	TING CAUS	E OF	211 hor etc	B. PLACE OF INJURY me, form, foctory, sh	fle.g., in reet, offi	or about	21C. WHERE	DID U R?	(If to Bolt)	imore City, g	ive exoct	locotion)
MED	21 D. TIME OF INJURY IAPPROX.)	1MonthI (Do	/) (Yearl	w	E INJURY OCCURE hile At	t While Work	- 1	21F. HOW DI	D INJU	IRY OCCUR?			
	22. I certify that (i) (this hospital) attended the deceased from 11-23 to 1969 to 11-25 19 49												
	that (I) (we)	that (1) (we) lost sow the deceased alive on 11-24-1969 and that in (my) (our) opinion death occurred on the date											
		and hour and fram the causes stated abave. (i) (We) (did not) view the bady after death.											
	23A. SIGNATURE									/		TE SIGN	
	23C BHYCLCIA	100			DEGRE			Med. Director		hys.	1/	- 2	4-69
	NAME (Ty	pel TETS	UO TA	GAWA	M.D.		D. ADDR		D I A I	LIOCDIT	۸۱		/
24A	BURIAL CREM	IFTS	DATE.	749		FIGREE				L HOSPIT			
Вι	removal (s _i	pecily)	/28/6	9 M	Vestern C		ery			cation timore,	Md.	or county	(State)
25A	DATE REC'D	969	ERT. QE	SHAME	OF RESISTRAR	_		UNERAL DIRE) T	D 3:		DRESS
L.	JE U 1 150-REV. 1/1/6		7	7	5 7 U	10	LEC	nard	1 Hill	ck Inc.	Balto	. Md	1. 21214
4.9													

193C

L Lind L ()

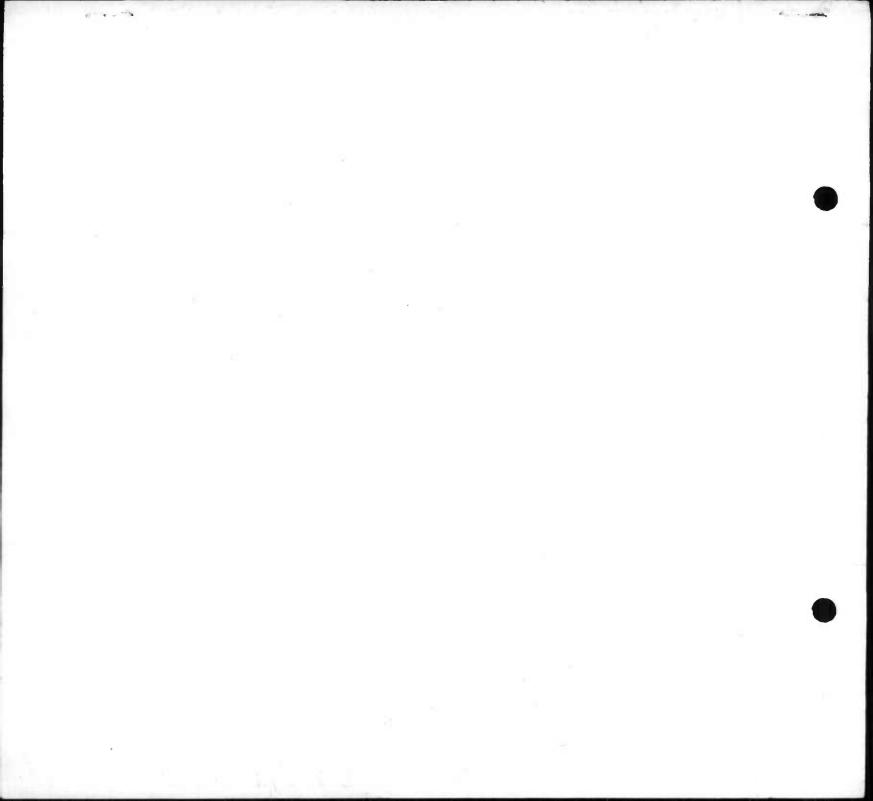
1.1.5

11.004		00	1174	7 CERTIFICA	TE OF DEATH	REG. NO	69 11747													
S-530 69 11747 CERTIFICA					2, DATE AND HOUR OF DEATH															
(Type or Print) HELEN M. SMITH					November 26, 1969 9:10 P.															
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admiss A, STATE B. COUNTY															
House In The Pines - Belaire 5837 Belair Rd.					Md.		102													
					C.CITY OR TOWN Baltimore E. STREET AND NUMBER															
										-	Baltimore 21206, Md. SEX 6. RACE 7. MARRIED NEVER MARRIED				203 S. Robinson St. # 21224. 8. DATE OF BIRTH 9. AGE (In years If Under] Yr. , If Under 24.					
											'emale	White		= =		lost birthday)	Months Doys Hours Mir			
			WIDOWED	BUSINESS OR INDUSTRY	Apr. 28,1901	reign country)	12. CITIZEN OF WHAT COUN													
	during most of worki	ng life, even if retired)																		
				se Work	14. MOTHER'S MAIDEN N	ore , Md.	U.S.A.													
3.	FATHER'S NAME				14. MOTHER'S MAIDEN N	AME														
		Adam Fr				ret Moran														
5. Yes	,na of unknown) (If	r in U. S. Armed For yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS													
	No			Nome	Mrs. Evelyn S	chweiger:	604 S. Decker Ave													
	1B. 12. 4	1 4 25	0.9	CAUSE OF DEAT	Н		Balto APPOXIMATE INTERV													
		DADITION last	slaling the																	
	UNDERLYING C			(c)																
TION	OTHER SIGNIFICAT	II NT CONDITIONS CO UT NOT RELATED TO T	HE TERMINAL		tes Mellitus		15 yrs.													
RTIFICATION	OTHER SIGNIFICATION THE DEATH BE	II NI CONDITIONS CO	HE TERMINAL T † (A). IDITION FOR V	Diabe	tes Mellitus		15 yrs.													
RTIFICATIO	OTHER SIGNIFICAL TO THE DEATH BI DISEASE OR CONE 19A-DATE OF OP	NI CONDITIONS COUT NOT RELATED TO TO TO THE TO	HE TERMINAL IT † (A). IDITION FOR V FORMED	Diabe WHICH OPERATION PLACE OF INJURY (e.g., ie, lorm, foctory, steet, o	*****	No) 20B. IF YES, WERE IN CERTIFYING CA														
ICAL CERTIFICATIO	OTHER SIGNIFICAL TO THE DEATH BI DISEASE OR CONE 19A. DATE OF OP 2TA. ACCIDENT V OR CONTRIBUTIN DEATH (notify med 21D. TIME (M.	NI CONDITIONS COUT NOT RELATED TO TO TO THE TO	HE TERMINAL (T † (A). (DITION FOR V FORMED 21B, hom etc.)	Diabe WHICH OPERATION PLACE OF INJURY (e.g., i	20 A. AUTOPSY? (Yes or no robout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?													
ICAL CERTIFICATIO	OTHER SIGNIFICAL TO THE DEATH BE DISEASE OR CONE 19A.DATE OF OP 2TA. ACCIDENT V OR CONTRIBUTIN DEATH (notify mee	NT CONDITIONS CO UT NOT RELATED TO TO DITION GIVEN IN PAR ERATION 19B. CON WAS PERI WAS UNDERLYING G CAUSE OF dicol examiner)	HE TERMINAL (IT i (A). (IDITION FOR V FORMED 21B. hom etc.) (Hour) 21E. Whi	Diabe WHICH OPERATION PLACE OF INJURY (e.g., in the control of th	20 A. AUTOPSY? (Yes or no robout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?													
MEDICAL CERTIFICATIO	OTHER SIGNIFICAL TO THE DEATH BI DISEASE OR CONE 19A. DATE OF OP 2TA. ACCIDENT V OR CONTRIBUTIN DEATH (notify mer 21D. TIME OF INJURY (APPROX.)	NI CONDITIONS COUT NOT RELATED TO TO IT NOT RELATED TO TO IT IT NOT RELATED TO TO IT NOT RELATED TO TO IT NOT RELATED TO TO IT NOT RELATED	HE TERMINAL (IT + (A). (IDITION FOR V FORMED 21B, hom etc.) (Hour) 21E, Whi Wor	Diabe WHICH OPERATION PLACE OF INJURY (e.g., in the control of t	20 A. AUTOPSY? (Yes or no robout 21 C. WHERE DID INJURY OCCUR?	20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?													
MEDICAL CERTIFICATIO	OTHER SIGNIFICAL TO THE DEATH BI DISEASE OR CONE 19A. DATE OF OP 21A. ACCIDENT V OR CONTRIBUTIN DEATH (notify med 21D. TIME OF INJURY (APPROX.) 22. I certify tha	NI CONDITIONS CO UT NOT RELATED TO TO DITION GIVEN IN PAR ERATION 179B. CON WAS PERI WAS UNDERLYING G CAUSE OF dicol examiner) t (1) (this hospital	HE TERMINAL IT † (A). DITION FOR V FORMED 21B. hom etc.) (Hour) 21E. Whi Wor	Diabe WHICH OPERATION PLACE OF INJURY (e.g., io) e, form, foctory, street, oo INJURY OCCURRED life At Not While he deceased from Ma	20A. AUTOPSY? (Yes or no obout 21C. WHERE DID INJURY OCCUR?	No) 20B, IF YES, WERE IN CERTIFYING CO. (If in Baltimo	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exact lacotion													
MEDICAL CERTIFICATIO	OTHER SIGNIFICAL TO THE DEATH BI DISEASE OR CONE 19A. DATE OF OP 21A. ACCIDENT WO OR CONTRIBUTIN DEATH (notify mer 21D. TIME OF INJURY (APPROX.) 22. I certify tha that (I) (we) los	NI CONDITIONS CO UT NOT RELATED TO TO DITION GIVEN IN PAR ERATION 198. CON WAS PERI WAS UNDERLYING G CAUSE OF dicol examiner) onth) (Doy) (Year) t (1) (Hits hospital t sow the decease	HE TERMINAL (IT + (A). (IDITION FOR V FORMED 21B, hom etc.) (Hour) 21E. Whi Wor 1) attended the	Diabe WHICH OPERATION PLACE OF INJURY (e.g., in the late of the	20A. AUTOPSY? (Yes or no or obout ffice bidg., NJURY OCCUR? 21F. HOW DID II	Old 20B, IF YES, WERE IN CERTIFYING C. (If in Baltimo	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exact lacotion													
MEDICAL CERTIFICATIO	OTHER SIGNIFICAL TO THE DEATH BI DISEASE OR CONE 19A. DATE OF OP 2TA. ACCIDENT V OR CONTRIBUTIN DEATH (notify mer 21D. TIME OF INJURY (APPROX.) 22. I certify that that (I) (we) los and hour and fro	NI CONDITIONS CO UT NOT RELATED TO TO DITION GIVEN IN PAR ERATION 198. CON WAS PERI WAS UNDERLYING G CAUSE OF dicol examiner) onth) (Doy) (Year) t (1) (Hits hospital t sow the decease	HE TERMINAL (IT + (A). (IDITION FOR V FORMED 21B, hom etc.) (Hour) 21E. Whi Wor 1) attended the	Diabe WHICH OPERATION PLACE OF INJURY (e.g., in the late of the	20A. AUTOPSY? (Yes or no obout 21C. WHERE DID INJURY OCCUR?	Old 20B, IF YES, WERE IN CERTIFYING C. (If in Baltimo	FINDINGS CONSIDERED AUSES OF DEATH? Dre City, give exact lacation) DV . 26 19 60													
MEDICAL CERTIFICATIO	OTHER SIGNIFICAL TO THE DEATH BI DISEASE OR CONE 19.A. DATE OF OP 21.A. ACCIDENT V OR CONTRIBUTIN DEATH (notify med 21.D. TIME (M OF INJURY (APPROX.) 22. I certify that that (I) (we) los and hour and free 23.A. SIGN AT URE	NI CONDITIONS CO UT NOT RELATED TO TO DITION GIVEN IN PAR ERATION 198. CON WAS PERI WAS UNDERLYING G CAUSE OF dicol examiner) onth) (Doy) (Year) t (1) (Hits hospital t sow the decease	HE TERMINAL (IT + (A). (IDITION FOR V FORMED 21B, hom etc.) (Hour) 21E. Whi Wor 1) attended the	Diabe WHICH OPERATION PLACE OF INJURY (e.g., io) INJURY OCCURRED ille At	20 A. AUTOPSY? (Yes or no obout 21 C. WHERE DID ffice bidg., NJURY OCCUR? 21 F. HOW DID II 19 69 and riew the body ofter deother.	Old 20B, IF YES, WERE IN CERTIFYING C. (If in Baltimo	FINDINGS CONSIDERED AUSES OF DEATH? DIE CITY, give exact location DV . 26 19 60 Dinian death occurred on the													
MEDICAL CERTIFICATIO	OTHER SIGNIFICAL TO THE DEATH BI DISEASE OR CONE 19A. DATE OF OP 2TA. ACCIDENT OR OR CONTRIBUTIN DEATH (notify mer 21D. TIME OF INJURY (APPROX.) 22. I certify tha that (I) (we) los and hour and fro 23A. SIGNATURE	NI CONDITIONS COUT NOT RELATED TO TO TO THE NOT RELATED TO	HE TERMINAL (IT + (A). (IDITION FOR V FORMED 21B, hom etc.) (Hour) 21E. Whi Wor 1) attended the	Diabe WHICH OPERATION PLACE OF INJURY (e.g., io) INJURY OCCURRED ille At	20A. AUTOPSY? (Yes or no robout 21C. WHERE DID fifice bidg., NJURY OCCUR? 21F. HOW DID II 21F. HOW DID II 21F. HOW DID II And Director	No) 20B, IF YES, WERE IN CERTIFYING C. (If in Baltimo	FINDINGS CONSIDERED AUSES OF DEATH? Dre City, give exact location DV . 26 19 60 Dinian death occurred on the 23B. DATE SIGNED NOV . 28, 1969													
MEDICAL CERTIFICATIO	OTHER SIGNIFICAL TO THE DEATH BI DISEASE OR CONE 19A. DATE OF OP 2TA. ACCIDENT OR OR CONTRIBUTIN DEATH (notify mer 21D. TIME OF INJURY (APPROX.) 22. I certify that that (I) (we) los and hour and fro 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	NI CONDITIONS COUT NOT RELATED TO TO THE NOT RELATED TO TO THE NOT RELATED TO TO THE NOT RELATED TO THE NOT	HE TERMINAL (T † (A). (T) (A). (DITTION FOR V FORMED 21B. (Hour) 21E. Whi Wor 1) attended the dolive on	Diabe WHICH OPERATION PLACE OF INJURY (e.g., independent of the control of the c	20A. AUTOPSY? (Yes or no robout 21C. WHERE DID fifice bidg., NJURY OCCUR? 21F. HOW DID II 21F. HOW DID II 21F. HOW DID II And Director	No) 20B, IF YES, WERE IN CERTIFYING C. (If in Baltimo	FINDINGS CONSIDERED AUSES OF DEATH? Dre City, give exoct location DV . 26 19 60 Dinian death occurred on the 23B, DATE SIGNED NOV . 28, 1969													
MEDICAL CERTIFICATIO	OTHER SIGNIFICAL TO THE DEATH BI DISEASE OR CONE 19A. DATE OF OP 2TA. ACCIDENT V OR CONTRIBUTIN DEATH (notify mee 21D. TIME OF INJURY (APPROX.) 22. I certify tha that (I) (we) los and hour and fro 23A. SIGNATURE 23C. PHYSICIAN'S	NI CONDITIONS CO UT NOT RELATED TO TO DITION GIVEN IN PAR ERATION 19B. CON WAS PER! WAS UNDERLYING G CAUSE OF dicol examiner) onth) (Doy) (Year) It (I) (this hospital It sow the decease on the causes stor CLARENCE TON, 24B. DATE	HE TERMINAL THE TERMINAL TO THE TERMIN	Diabe WHICH OPERATION PLACE OF INJURY (e.g., ion, foctory, street, oon, foctory, on, foctory, on	20A. AUTOPSY? (Yes or no obout fine bidg., INJURY OCCUR? 21F. HOW DID II 21F. HOW DID II 21F. HOW DID II And Director Directo	No) 20B, IF YES, WERE IN CERTIFYING C. (If in Baltimo	FINDINGS CONSIDERED AUSES OF DEATH? Dre City, give exoct location DV . 26 19 60 Dinian death occurred on the 23B, DATE SIGNED NOV . 28, 1969													
WEDICAL CERTIFICATIO	OTHER SIGNIFICAL TO THE DEATH BI DISEASE OR CONE 19A. DATE OF OP 21A. ACCIDENT OR OR CONTRIBUTIN DEATH (notify med 21D. TIME OF INJURY (APPROX.) 22. I certify that that (I) (we) los and hour and fro 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) BURIAL CREMAT REMOVAL (Speci	NI CONDITIONS CO UT NOT RELATED TO TO DITION GIVEN IN PAR ERATION 19B. CON WAS PER! WAS UNDERLYING G CAUSE OF dicol examiner) onth) (Doy) (Year) t (1) (this hospital t sow the deceose om the causes stor CLARENCE TION, 24B. DATE 11—29—	HE TERMINAL THE	Diabe WHICH OPERATION PLACE OF INJURY (e.g., independent of the control of the c	20A. AUTOPSY? (Yes or no obout 21C. WHERE DID ffice bidg., NJURY OCCUR? 21F. HOW DID II 22F. HOW DID II 23D. ADDRESS 3023 Eastern EMATORY 24D.	No) 20B. IF YES, WERE IN CERTIFYING C. (If in Baltimo	FINDINGS CONSIDERED AUSES OF DEATH? Dre City, give exact lacation DV. 26 19 60 Dinian deoth occurred on the 23B. DATE SIGNED NOV. 28, 1960 21224. Md. City, town, or county) (Stored													
WEDICAL CERTIFICATIO	OTHER SIGNIFICAL TO THE DEATH BI DISEASE OR CONE 19A. DATE OF OP 21A. ACCIDENT OR OR CONTRIBUTIN DEATH (notify med 21D. TIME OF INJURY (APPROX.) 22. I certify that that (I) (we) los and hour and fro 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) BURIAL CREMAT REMOVAL (Speci	NI CONDITIONS CO UT NOT RELATED TO TO DITION GIVEN IN PAR ERATION 19B. CON WAS PER! WAS UNDERLYING G CAUSE OF dicol examiner) onth) (Doy) (Year) t (1) (this hospital t sow the deceose om the causes stor CLARENCE TION, 24B. DATE 11—29—	HE TERMINAL THE	Diabe WHICH OPERATION PLACE OF INJURY (e.g., ic., lorm, foctory, street, oc., lorm, foctory, street, lorm, foctory	20A. AUTOPSY? (Yes or no obout 21C. WHERE DID ffice bidg., NJURY OCCUR? 21F. HOW DID II 22F. HOW DID II 23D. ADDRESS 3023 Eastern EMATORY 24D.	No) 20B. IF YES, WERE IN CERTIFYING C. (If in Baltimon of the property of the	EFINDINGS CONSIDERED AUSES OF DEATH? DIPOCITY, give exoct locotion) DV . 26 19 6 Dinian deoth occurred on the Nov. 28, 196 21224. Md. City, town, or county) (St. ADDRESS													
WEDICAL CERTIFICATIO	OTHER SIGNIFICAL TO THE DEATH BI DISEASE OR CONE 19A. DATE OF OP 21A. ACCIDENT OR OR CONTRIBUTIN DEATH (notify med 21D. TIME OF INJURY (APPROX.) 22. I certify that that (I) (we) los and hour and fro 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) BURIAL CREMAT REMOVAL (Speci	NI CONDITIONS CO UT NOT RELATED TO TO DITION GIVEN IN PAR ERATION 19B. CON WAS PER! WAS UNDERLYING G CAUSE OF dicol examiner) onth) (Doy) (Year) t (1) (this hospital t sow the deceose om the causes stor CLARENCE TION, 24B. DATE 11—29—	HE TERMINAL LIT (A). IDITION FOR V FORMED 218, homer., lit (Hour) 21 E. Whi Word World Wor	Diabe WHICH OPERATION PLACE OF INJURY (e.g., ic., lorm, foctory, street, oc., lorm, foctory, street, lorm, foctory	20A. AUTOPSY? (Yes or no obout 21C. WHERE DID fifice bidg., NJURY OCCUR? 21F. HOW DID II 22F. HOW DID II 23D. ADDRESS 3023 Eastern EMATORY 24D.	20B. IF YES, WERE IN CERTIFYING C. (If in Baltimon of the control	FINDINGS CONSIDERED AUSES OF DEATH? DIV. 26 19 Dinian deoth occurred on 23B. DATE SIGNED NOV. 28, 19 21224. Id. City, town, or county) Rd., Balto., Id. ADDRESS Combiner St													



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

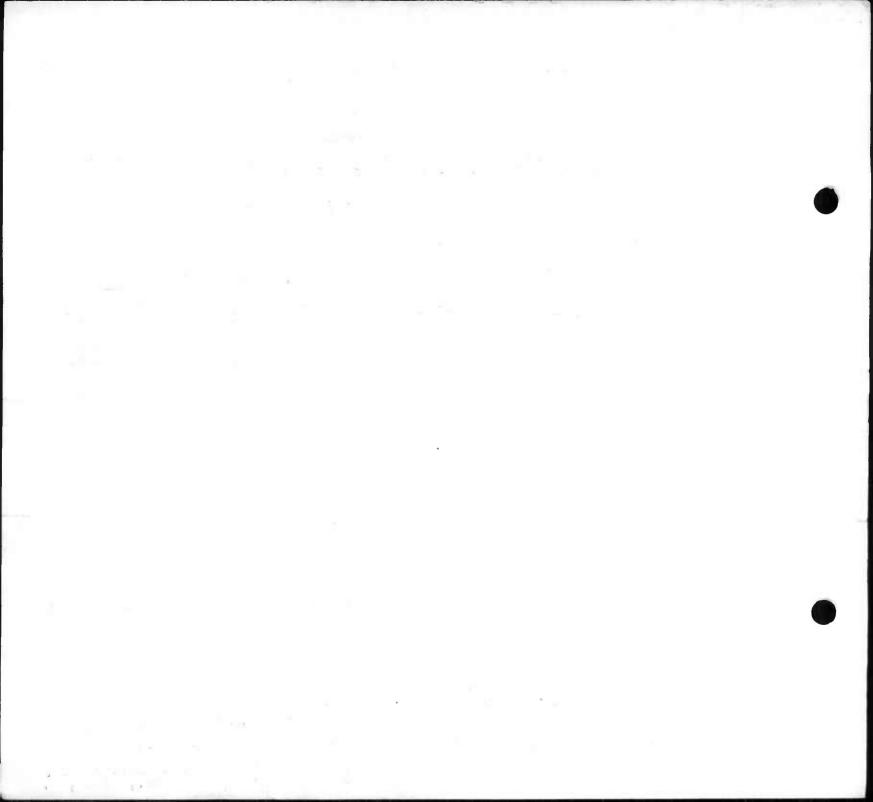
	0 - 2/-0 69 11/18	TE OF DEATH REG. NO. 69 11748								
	1. NAME OF DECEASED ALC E BOK-	2. DATE AND HOUR OF DEATH								
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)								
	FULL NAME OF HOSPITAL OR INSTITUTION. GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?								
,	37 MERCY HOSP, +A/	E. STREET AND NUMBER 808 EUDAW ST.								
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.								
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
	PETIRED-HOUSEWFE - LPN 13. FATHER'S NAME	MARTIAND U.S.A.								
	HARRY WRIGHT	ALICE EUZ. EUCK								
	15. Was Deceased Ever in U. S. Armed Ferces? (Yes, ne or unknown) (Iff yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS								
	NO 220-30-2374	A INIDTOWN HOME 808 STPAUL								
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH								
	LEADING TO DEATH									
	(This does not mean the made of dying, e.g., hearl failure, ostheria, etc. it means the disease, injury or camplication which caused death.)									
	ANTECEDENT CAUSES	ASCVD.								
	i una to tue apote cape tot signification	A CONSEQUENCE OF:								
	UNDERLYING CONDITION last, (C)									
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED 19A-DATE OF OPERATION WAS PERFORMED	fortie Stevesis								
	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSYT (Xes er No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 218. PLACE OF (NJURY (e.g., in heme, farm, foctory, street, off etc.)	ner obout 21 C. WHERE DID (II in Baltimare City, give exact location) ice bidg., INJURY OCCUR?								
	21D.TIME (Month) (Day) (Yeor) (Hour) 21E, (NJURY OCCURRED OF INJURY (APPROX.) While At New Work At Work									
	22. I certify that (1) (this hospital) attended the deceosed from	1919								
	that (i) (we) lost sow the deceased alive on									
	ond hour ond from the couses stoted above. (i) (We) (did) (did not) vi	lew the body ofter death. 238, DATE SIGNED								
	HH SMAAA DEGREE Phys	nding Med. Staff Phys. 4 11-20-69								
	Madel namid Ghilwhin	Therey HOSP. Balk Md. 21202								
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION (City, lown, or county) (Stote)								
	Burial 11-24-69 Glent Haven 25A. DATE REC'D BY HEALTH CEPT A RESENANCE OF ACCURAGE	Glen Burnie Md.								
	DEC 1 1969 PER PROPERTY OF ACTURENT	M. A. Hakren & Sps Balto. Md.								
	/\$ 150-REV, 1/1/68									



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

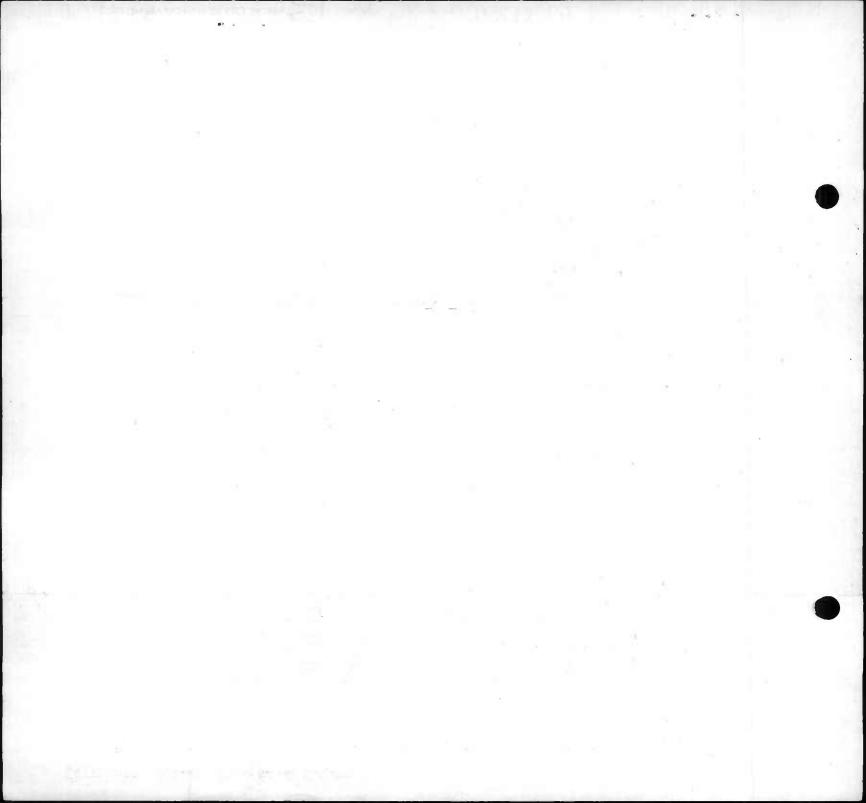
VS 150-REV. 1/1/68

lb 1		P-534	69	11749		HEALTH DEPARTMENT	X REG. NO.	69 11749
the		RTH NO.	72.72	11110	CERTIFICA	TE OF DEATH		
	(T)	ype or Print)	THERE		PINDE NCED DEAD	114. USUAL RESIDENCE (W)	ND HOUR OF DEATH 26 - 69	5,130 P.M.
dance	FL	JEL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA			Maryland C. CITY OR TOWN	BALTI	MORE
attend ior to		31	BALTO. C	ITY +	OSPITAL	Baltimere je po	T BOINT D. INSI	DE CITY LIMITS? YES NO
7 0 0	4	940 East	ern Avenue	Baltimore	, Md. 21224	Contract Con	309 5 3122	ND 37, #2/324
regular eased p		Female	White	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 10-13-28	9. AGE (In years lost birthday) 41	If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.
dec	001	Housew	ife		Home.	11. BIRTHPLACE (State or for Maryland	eign country)	12. CITIZEN OF WHAT COUNTRY?
was the sposi	13.	FATHER'S NAM	\E			14. MOTHER'S MAIDEN NA	ME	USA
	15.	Joseph Was Personal	Chodkowski Ever in U. S. Armed Fore		4.500	Mary A. C	hrostowski	
dec	Пе	s, no or unknown) No	(If yes, give war or date	s of service)	6. SOCIAL SECURITY NO. 214-24-2942	BCH-Records	n Avenue Marylad 21224	
. 0 0		18. 7 4	XI		CAUSE OF DEATH		Baltimore,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
0 = =		(This does no	E OR CONDITION DIR EADING TO DEATH I mean the made of	dvina e a	(A) IMMEDIATE CAU	SE GLANDAGA A CONSEQUENCE OF:	tive separ	12 hs.
pron ular c mbalr		injury or comp	sthenia, etc. It means dication which caused	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:		
¥ho regen	ATION	DISEASES OF	NTECEDENT CAUSES CONDITIONS, II o	ıny, giving	(B) DUE TO, OR AS	preed meleste a consequence of:	sic Corun	ne of 11 mus
ician as in ains a		UNDERLYING	above cause (A) CONDITION last.	staling the	(c)	***************************************		
5 ≯ E		ITO THE DEATH	II CANT CONDITIONS CON BUT NOT RELATED TO TH	F TERMINAL				
sici	CERTIFICA	IDISEASE OR CO	DPERATION GIVEN IN PART DPERATION 19B. CONI WAS PERF	1 (A).	ICH OPERATION	20A. AUTOPST? (Tes or N	o) 208, IF TES, WERE FI	INDINGS CONSIDERED
	-	21A. A CCIDENT OR CONTRIBUT	WAS UNDERLYINO INO CAUSE OF	21 B. Pt home, etc.)	ACE OF INJURY (e.g., in larm, factory, street, off	or about 21C. WHERE DID INJURY OCCUR?	(If In Ballimare	City, give exact facation)
a hospital (except when to death); and (6) No	DICA	133	Manth) (Day) (Teal)	(Hour) 21 E, 11	JURT OCCURRED	21F. HOW DID IN	JURT OCCUR?	
nd ((APPROX.)		While Work	At Work			
(e)			hot (1) (this hospital) Ost sow the deceased		deceased from	1) [19to/və~	26 19 6.5
ath)	1 1				We) (did) (did not) vi	ew the body ofter deoth.	nat in (my) (<u>our)</u> opln	Ion deoth occurred on the date
de de		23A. SIGNATUR	Carriel	c (11)	A A A A Atten		I	23B, DATE SIGNED
or to		23C. PHTSICIAN	s control of	3. 46	DEGREE Phys.	Director L	Staff Phys.	Nm 26-68
A. a pric			Graciela S CINA WELA	5, H	LARCON DEGREE	BALTO	stern Ayenue	17792S
was D.O.A. at a ho deceased prior to a written approval m	24A	BURIAL CREM REMOVAL (Sp BURIA	ATION, 248. DATE ecify) 11-29-6	9 24C. NAM	E OF CEMETERY OF CREATE		SEASTERN	BALTOCOL
rritt	25A	DATE REC'D	Y HEALTH DEPT.	SR NAME OF	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	25C. FUNERAL DIRECTOR	9 10 600	ADDRESS
202		150-PEV 1/1/68	969 🤐 🛭	YELDER!	रक्ष प	Charles 4	Ball Ball	4 Eastern Ave. Lto., 21224.Md.



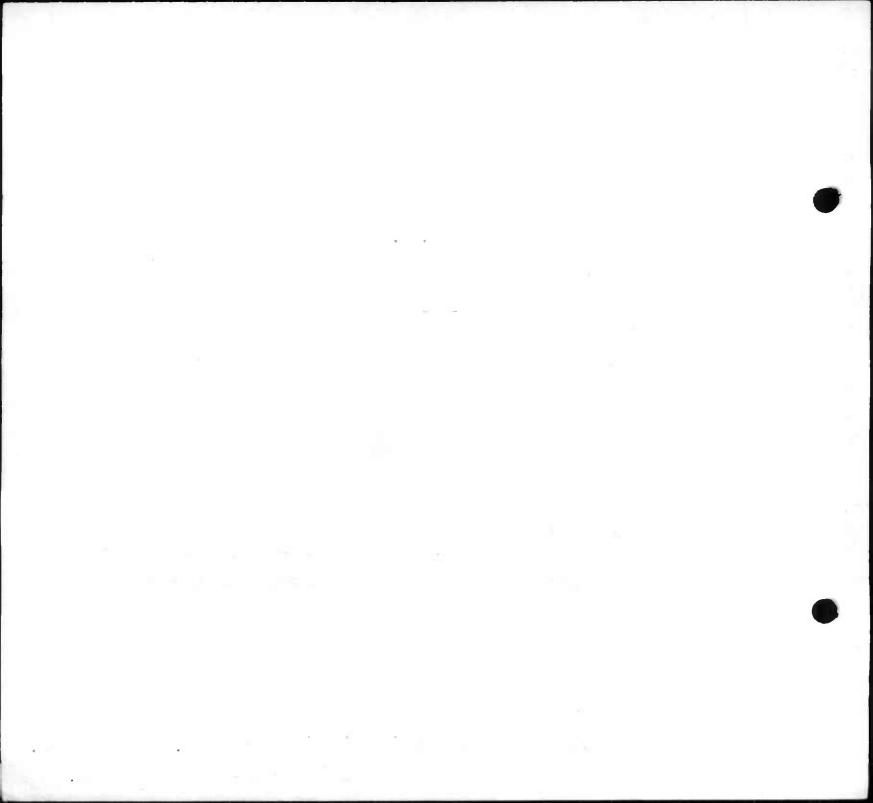
FUNERAL DIRECTOR: IMPORTANT

1	69 11750 BALTIMORE CITY	Y HEALTH DEPARTMENT V 69 11750				
BIR		TE OF DEATH REG. NO.				
1. N	pe or Print) Warren, Grace	P. 2. Date and Hour of Death NOV-26, 1969 3 A.M				
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY				
HC	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSTITUTION)	c. CITY OR TOWN 1 D. INSIDE CITY LIMITS?				
1	North Charles general 1105g.	Ballo - YES NO				
7	Work was Charles of.	48 Featherbed Lane				
	SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday) 6. 5 If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
	a during most of working life, even it/retired) 1. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY				
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
-	Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	Nellie (Brazél) 17. INFORMANT ADDRESS				
re:	Wos Deceosed Ever in U. S. Armed Forces? ss,no or unknown) (If yes, give wor or dotes of service) NO 16. SOCIAL SECURITY NO. 216-12-7268A	Hosp. chari				
	18. X 4 2 X I CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAL	Leur Jen Caroli				
	(this does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:				
	ANTECEDENT CAUSES	Lecting Aneurysm				
	DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS	A CONSEQUENCE OF:				
	rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	eioscherin Generalized.				
HON	II CONTROLLA CON	1				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
KIIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
)	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If In Baltimore City, give exact location)				
		mice bidg, INJURE OCCUR!				
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY While At Not While	21F. HOW DID INJURY OCCUR?				
•	(APPROX.) Work At Work					
	22. I certify that (I) (this haspital) attended the deceased fram that (I) (Ne) last saw the deceased alive an 1/1/26	1969 to 1969 1969 1969 and that in (my) (ow) apiman death accurred an the dat				
	and haur and from the causes stated above. (1) (We) (did) (did not)	,				
	23A. SIGNATURE	23 B, DATE SIGNED				
	DEGREE Phy	·				
	23C. PHYSICIAN'S NAME (Type / ic for A/6; te	23D. ADDRESS				
24A	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR					
1	Burial 11/29/69 Druid Ridge Ceme	etery Pikesville Baltimore, Maryland				
1F	A. DATE REC'D BY HEATH DERT. C SBB AME THE EGISTRAN	Loring Byers 8728 Liberty Road 21133				
/S	150-REV, 1/1/68	I man with the section and section with				

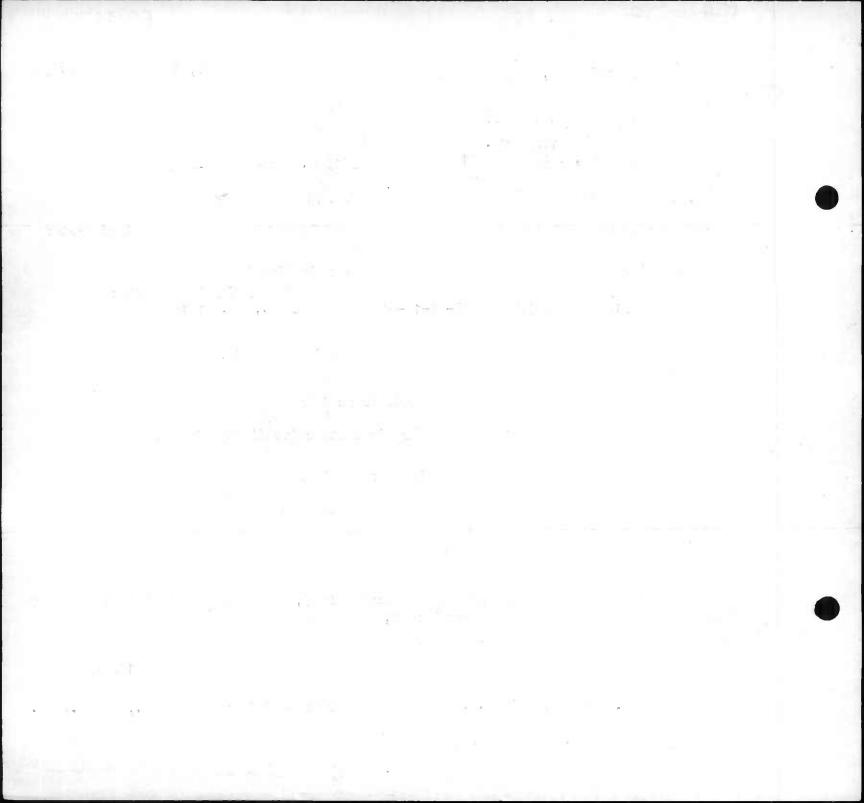


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death 1887 when MAD Examiners CASE FUNERAL DIRECTOR: IMPORTANT Medical

	T-532 69 11751 BALTIMORE CITY	Y HEALTH DEPARTMENT								
	BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO. 69 11751								
	1. NAME OF DECEASED (Type or Print) JAMES FONTZ	2. DATE AND HOUR OF DEATH								
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)								
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI	C. CITY OR TOWN D. INSIDE CITY LIMITS?								
	SIMM HOSPIAM OF BALTMORE									
	421rc. 2(211,	E. STREET AND NUMBER 1003 W. 381 ST. # 11								
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DAYE OF SIRTH 9. AGE (In years lif Under 1 1/1. If Under 24 Hrs. Months: Doys Hours Min.								
ŀ	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
ľ	Sales Carter Furn.Co.	MARY LAND U.S. A.								
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
	James E. Fontz	Elizabeth Michaels								
1	15. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give wor or doles of service) SECURITY NO.	17. INFORMANT ADDRESS								
	No 215-03-8738	BAVIVIAN FONTE - WIFE								
r	18. 1 6 2 . 1 CAUSE OF DEAT									
	DISEASE OR CONDITION DIRECTLY									
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CAL	USE CANCER OF LUNGS, WITH								
	heart failure, asthenio, etc. It means the disease, injury or complication which coused death.	A CONSEQUENCE OF (IND PERABLE)								
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	Y D PATO NO								
	rise to the obave couse (A) stating the	- A Solid City Coll								
	UNDERLYING CONDITION last. (C)									
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL									
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 218. ACCIDENT WAS AND DERLYING TO 1218. PLACE OF INTURY (c.g., i	IN CERTIFYING CAUSES OF DEATH?								
	OR CONTRIBUTING CAUSE OF home, form, foctory, steet, of DEATH Innify medical examined	in or about 21 C. WHERE DID (If in Baltimore City, give exact location) injury OCCUR?								
	21D. TIME (Month) (Doyl (Yeorl (Haud) 21E, INJURY OCCURRED OF INJURY)	21F. HOW DID INJURY OCCUR?								
	(APPROX.) While At Not While At Work	· Di								
	22. I certify that (I) (this haspital) attended the deceased fram N	0 VEMBER 2419 69 to NOVEMBER 76 19 69								
	that (1) (we) last saw the deceased alive an MOV.	19 6 9 and that in (my) (aur) apinian death accurred an the date								
	and haur and fram the causes stated abave. (1) (We) (did) (did nat) v	view the bady after death.								
	23A. SIGNATURE	23 B. DATE SIGNED								
	Renator H. Mendra M. D. DEGREE Phys	ending Med. Stoff Phys. P								
	23C. PHYSICIAN'S NAME (Type) RENTHOO H. GE COLEN, MP.	SINTOI HOSPITAL OF BALTINO PERINC								
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR. REMOVAL (Specify) COKES DURY Mem.	EMATORY Com 240- LOCATION (City, town, or county) (Stotel								
	DOLLAY TS/1/09 MONTHSCOME MEXICO	Harford Co. Md.								
	DEC 1 1969 CANTHUEFA E THE CONTRACT OF THE CON	25C. FUNERAL DIRECTOR ADDRESS								
Ė		Ann Donoven - 3818 Roland Ave.								
٩	VS 150-REV. 1/1/68									

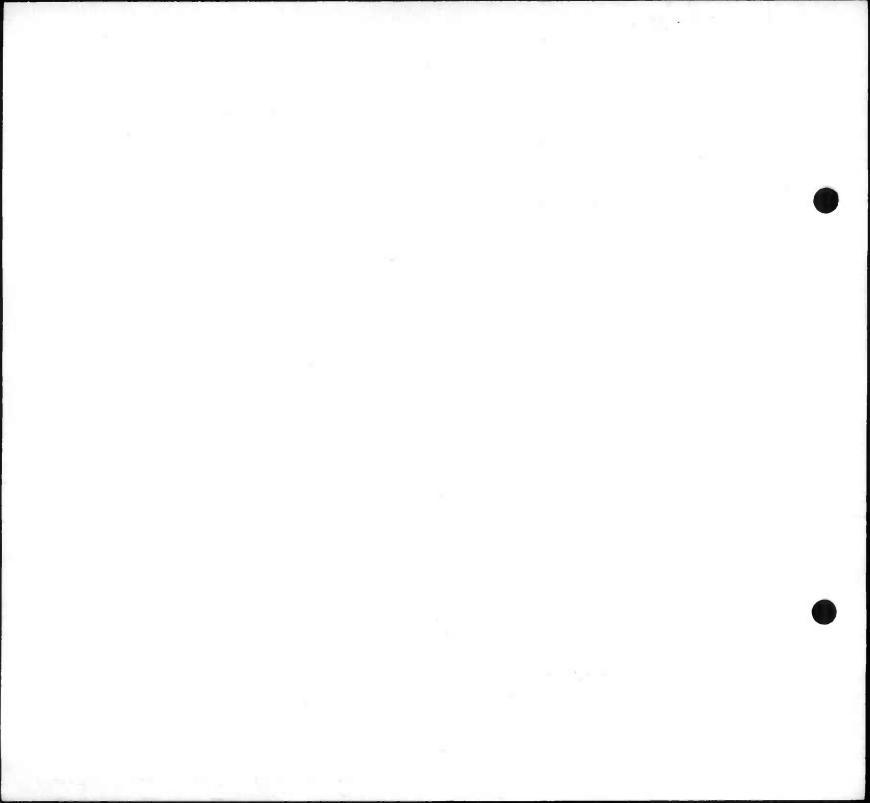


F-635	69 1175	62 CERTIFICA		TH REG.		11752			
1. NAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE, M	ledman, Benja ARYLAND, WHERE PRON	min NMT	4. USUAL RESIDENCE A. STATE	5:45 P					
HOSPITAL OR ADDR. Notification Veterans 3900 Loc	or in hospital or instances or Location) s Administrat ch Raven Blvd	ion Hospital				E CITY LIMITS?			
	re, Maryland	212 1 8	3413 W. Northern Parkway						
5. SEX 6. RACE Male White	ite WIDOWE		B. DATE OF BIRTH 4/5/90 11. BIRTHPLACE (Stote	9. AGE (In y lost birthdoy)	70 Mont	nder 1 Yr. If Under 24 Hohs Doys Min.			
dane during most of working life, of Shoe Salesman			RUSSIA	,	Un	ited States			
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME						
Aaron Friedman			Jennie L	ipshid s s					
Yes Yes 9/1/42		16. SOCIAL SECURITY NO. 212-01-10-04	17. INFORMAN Vet	erans Hospi to., Md. 21	tal Reco	rds			
DISEASES OR CONDITIONS TO THE DEATH BUT NOT THE DEATH BUT NOT	ITIONS, il any, givin couse (A) stating Il 100 lost.	ong Chroni (c) Chroni	Bronchitis A CONSEQUENCE OF C obstructiv s Mellitus		isease				
19A. DATE OF OPERATION	N 198. CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
OR CONTRIBUTING CA	NDERLYING 2 AUSE OF h	PIB. PLACE OF INJURY (e.g., nome, form, foctory, street, oftc.)	in or obout 21 C. WHERE ffice bldg., INJURY OC	DID (If i	n Boltimore City,	give exact location)			
21 D. TIME (Month) OF INJURY (APPROX.)	,	TE. INJURY OCCURRED While At Not Whi Work At Work	le. C	DID INJURY OCCUR					
22. I certify that (I) (this haspital) attended the deceased fram November 25, 1969 to November 27, 1969 that (K (we) last saw the deceased alive an November 27, 1969 and that in (K) (aur) apinian death accurred an the and haur and fram the causes stated above. W (We) (did) (Aid /not) view the bady after death.									
23A. SIGNATURE	causes stated abave.	(Me) (did) (aya/nyi)	view the bady after death. 238. DATE SIGNED						
	Cal	aegree AH Phi	ending Med.	Staff Phys.		11/27/69			
23C. PHYS) CIAM'S NAME (Type) M. J.	avaid Shafi	M.D. GEGREE	23D. Address Veterans Ac	lminis t rati	on Hospa	, Balto., Md.			
24A. BURIAL CREMATION, 2 REMOVAL (Specify)	1 = 19	NAME of CEMETERY of CA		Bollo		n, or county) (State			
	HE DEM. A POSRINAM	E OF MEGISTRAR	25C. FLINERAL DI	RECTOR	90108	ADDRESS			



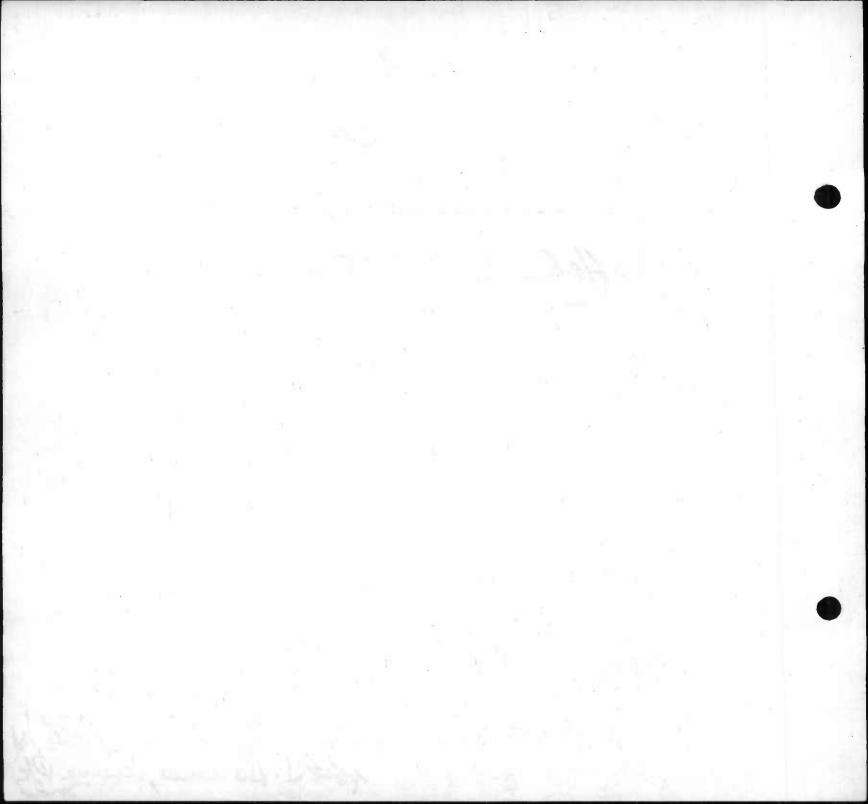
This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature;: (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	7-400		BALTIMORE CITY	HEALTH DEPARTMENT		00			
Ì	BIRTH NO.	69 11753	CERTIFICA	TE OF DEATH	REG. NO	69 11753			
-	L. NAME OF DECEASED				AND HOUR OF DEATH				
	(Type or Print) UR. C	PEORGE J.	304		36.69	05 30			
	3. PLACE IN BALTIMORE, MAI	IYLAND, WHERE PRONOUN	ICED DEAD	4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceased lived II in-	stitution: residence belore admission			
	FULL NAME OF (IF NOT HOSPITAL OR ADDRES	IN HOSPITAL OR INSTITUTI S OR LOCATION!	ION, GIVE STREET	C, CITY OR TOWN		DE CITY LIMITS?			
	GHTISCH HA	ONE & HOS	JATI9.	E. STREET AND NUMBER		YES NO			
age.	35			213 S. WASHINGTON ST.					
Ē	5. SEX 6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Il Under 1 Yr. Il Under 24 Hrs. Manths: Doys Haurs Min.			
2	IOA. USUAL OCCUPATION (Give	kind al wark 10B, KIND OF BU	DIVORCED USINESS OR INDUSTRY	1. RISTHELACE (SING A) (5)	45				
position	gous garing most of Motking lite, eve	n if retired)				12. CITIZEN OF WHAT COUNTRY?			
	13. FATHER'S NAME		-	MARYLAN	Q L	4.8.4.			
	130 LY ILLEY 2 HAWE			14. MOTHER'S MAIDEN NA	IM E				
	CHARLES	30LL		IMMHOL	INICO AL	KLER			
	15. Was Deceased Ever in U. S. (Yes, na arunknawn) (If yes, give	Armed Forces?	SECURITY NO.	17. INFORMANT		ADDRESS			
	No	4	17 ct +3ta	CATHERINE	Zon. (mice)	ELLS S. WASHING			
	18. 5 19. 2. 1	· ·	CAUSE OF DEATH	COMPENDE	POTT (WILE	APPROXIMATE INTERVAL			
,	DISEASE OR COND					BETWEEN ONSET AND DEATH			
	LEADING TO		(A) IMMEDIATE CAU	E CARDIO-RE	25P. FAILL	RE I HOME.			
	heart foilure, ostheria, etc.	I meons the disease	DUE TO, OR AS A	CONSEQUENCE OF:		***************************************			
	injury or complication which caused death.)								
	DISEASES OR CONDITIONS, if ony, giving (B) CHRONIC OBSTR JUNG. DIS. DUE TO, OR AS A CONSEQUENCE OF:								
	rise to the obave couse (A) stoting the								
	UNDERLYING CONDITION	l lost.	(C)		************				
	Z OTHER SIGNAS								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).								
	19A. DATE OF OPERATION	198 CONDITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes at N	a) 208. IF YES, WERE EN	NDINGS CONSIDERED			
		WAS PERFORMED		20A. AUTOPSY? (Yes or N	IN CERTIFYING CAU	SES OF DEATH?			
, 11		RLYING 21B, PL/	ACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If In Baltimare	City, give exact lacation)			
i	DEATH (natity medical exomi	ned etc.)		INJURY OCCUR:					
	21D. TIME (Manth) (Day		JURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?				
	(APPROX.)	While /	At While At Work						
	22 1 - VI A VIKUT I VIV								
	that I (we) last sow the deceased alive on 1960 - 26 1969 and that in (mg) (our) opinion death accurred on the date								
	and hour and from the car		(a) (d) (d) (d) (a) (a)	managed a construction of the last of the last	in (vay) (our) opini	on death accurred on the date			
	23A. SIGNATURE	10		the body differ death.	- 12	3B, DATE SIGNED			
	Jalande	Atmend	Attended Phys.	ding Med.	Shoff A	11/26/69			
	23C. PHYSICIAN'S		DEGREE	D. ADDRESS	Phys.				
	KOTA	NDO Y' WEY	BOKY WY	100 n. Broad	Lway Bas	to M/, 2/23/			
1	24A. BURIAL CREMATION, 24B. REMOVAL (Specily)	DATE 24C. NAME	DEGREE OF CREA	AATORY 24D. L	OCATION (City,	town, or county! (State)			
	BUIZIAL VI	129/69 CA	EDENS OF	EASTI O	1/15/21 154	na			
2	25A, DATE REC'D LY HEATH D		EGISTRAR	25C. FUNERAL DIRECTOR	VEICUEN	ADDRESS			
1	EC 1 1969 30600	ם בין יוריבים אים	20 Ch	VLLROW WONE	Maria Langer				
THE V	VS 150-REV. 1/1/68			- 617 60	ELING TYONE	-4210 BELAIR			



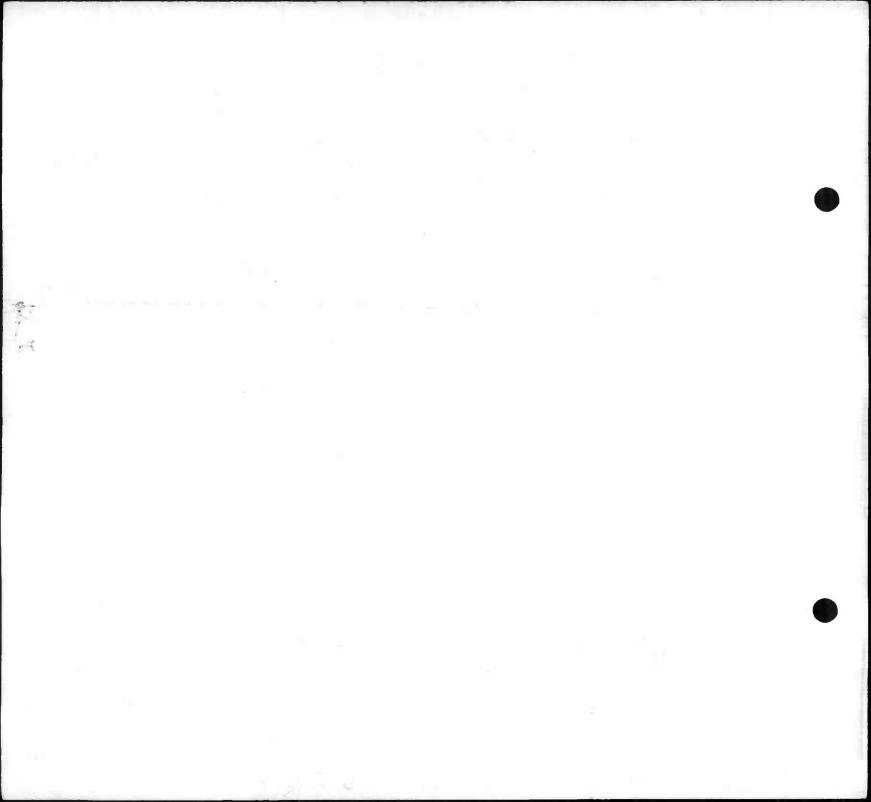
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1/21-	BALTIMORE CITY HEALTH DEPARTMENT 69 11754						
H-500 69 11754	CERTIFICATE OF DEATH						
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH						
(Type or Print) Albert Gaither H	Ahn dr. 11/26/69 1/245 PM.						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC	A, STATE B, COUNTY						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTIO ADDRESS OR LOCATION)	N, GIVE STREET MO. AND Arundel.						
INSTITUTION	C CITY OR TOWN D. INSIDE CITY LIMITS?						
3 9 University Hesp.	TREET AND NUMBER						
30	High-lfi-View on the Jevern, Jones Shahan						
5. SEX 6. RACE 7. MARRIED 1							
M WIDOWED	DIVORCED 1/6/97 TZ						
16A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS							
Pharmoust pharm	must penn.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
H.G. Helm S	Eman						
15. Was Deceased Ever in . S. Armed Forces? (Yes, no of uni nown) (If yes, give wor or dotes of service)	SOCIAL 17. INFORMANT ADDRESS						
NO -	William A HARA 3142 PAUSKOKIN						
18. 410,9	CAUSE OF DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	musico Intoliteory						
(This does not mean the made of dying, e.g.,	(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:						
hearl failure, asthenia, etc. It means the disease, injury at camplication which caused death.)	Concrete Heart auch						
ANTECEDENT CAUSES	10) Seu Cost :						
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:							
uise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)						
11							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL USEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B. PLA							
DISEASE OR CONDITION GIVEN IN PART 1 (A).	CH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED						
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?						
OR CONTRIBUTING CAUSE OF home 6	CE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exect location)						
DEATH (notify medical examiner)	,,						
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJ	URY OCCURRED 21F. HOW DID INJURY OCCUR?						
(APPROX.) While A	Not While At Work						
22. I certify that (I) (this hospital) attended the d	eceosed from 19 to 19 ,						
that (1) (we) last sow the deceased alive on	7-25-67-19 ond that in(my) (our) opinion death occurred on the date						
and hour and from the couses stated above. (1) (W	e) (did not) view the body ofter deoth.						
23A. S/GNATURE	23B, DATE SIGNED						
(X de) : Ac	DEGREE Phys. Director Phys. 1						
23C. PHYSICIAN'S NAME (Type)	LAULI DE XZ 72 Severus (Dub						
DAA BINNAI CREMATION DAG DAGE	THE RECEPTED TO LOGIC IN						
24A. BUNAL CREMATION, 24B. DATE 24C. NAME	TOTAL TERM ANDRY						
REMOVAL (Specify)	CEMETERY OF CREMATORY 24D. LOCATION Gity, town, de County (1)						
Burel 11/29/69 Z	graine Ok Woodlam Bello, M						
25A, DATE REC'D BY HEALTH DET, 178, AAME OF	EGISTRAR 25C FUNER DIFFUTOR ADDRESS ADDRESS						



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

G-435 CO 44 ME BALTIMORE CITY H	EALTH DEPARTMENT 69 11755					
69 11755 CERTIFICAT	E OF DEATH X REG. NO.					
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH					
Jwall my armstead	K NOV. 27, 1969 11.30 PM.					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE A B. COUNTY					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md Balto 5301					
INSTITUTION	CITY OR TOWN D. INSIDE CITY LIMITS?					
Don seeons (turned	STREET AND NUMBER					
34	6208 Frederick are Balls					
5. SEX 6. RACE 7. MARRIED 7 NEVER MARRIED 8. WIDOWED DIVORCED DIVORCED	DATE OF BIRTH 9. AGE (In years 11 Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.					
IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11,	6					
done during most of working lile, even if retired) Steel -Worker	Virginia - US					
13. FATHER'S NOME	MOTHER'S MAIDEN NAME					
James Twaltney	Rose Hall					
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. OCIAL SECURITY NO.	INFORMANT ADDRESS 212-28					
NO 215-106904 1	Marjaret & Gualtney-6208 Prederick Rd					
18. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	9 I Bluding -					
(This does not mean the mode of dying, e.g.,	CONSEQUENCE OF:					
hearl foilure, asthenia, etc. It means the disease, injury ar camplication which coused death.)						
ANTECEDENT CAUSES	Dudewal lum !					
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A Consistency of the obave cause (A) stating the	CONSEQUENCE OF:					
UNDERLYING CONDITION last. (C)						
z II	. 5					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	(1)					
DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED					
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?					
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or	r obout 21C. WHERE DID (It in Boltimore City, give exoct location)					
DEATH (notify medical examiner)						
OF INJURY (APPROX.) (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED While At Not While	21F. HOW DID INJURY OCCUR?					
Wark Al Work	119 1/20/19					
22(Certify that (i) (this hospital) ottended the deceased from	,					
that (I) (we) last saw the deceased alive on (1) (W) (t) I) (t)	19ond that in(my) (our) opinion death occurred on the date					
and hour and from the couses stated above. (I) (We) (did) (did not) view	w the body ofter death.					
Attendir Phicagon						
DEGREE	ADDRESS					
1. 02. 17 14M 11/65 020000	325 Angutal St. Dent 207 3. Du					
24A SURAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMA						
12-1-69 tamily Rest	Windsor Organia ma					
25A. DATE ACC'D IN HEALTH DETT. 259 NOTE OF THE STRAR	25G. FUNERAL DIRECTOR ADDRESS ADDRESS 161					
VS 150-REV, 1/1/68	1 1 7 1 Milliant or / harrows the state					



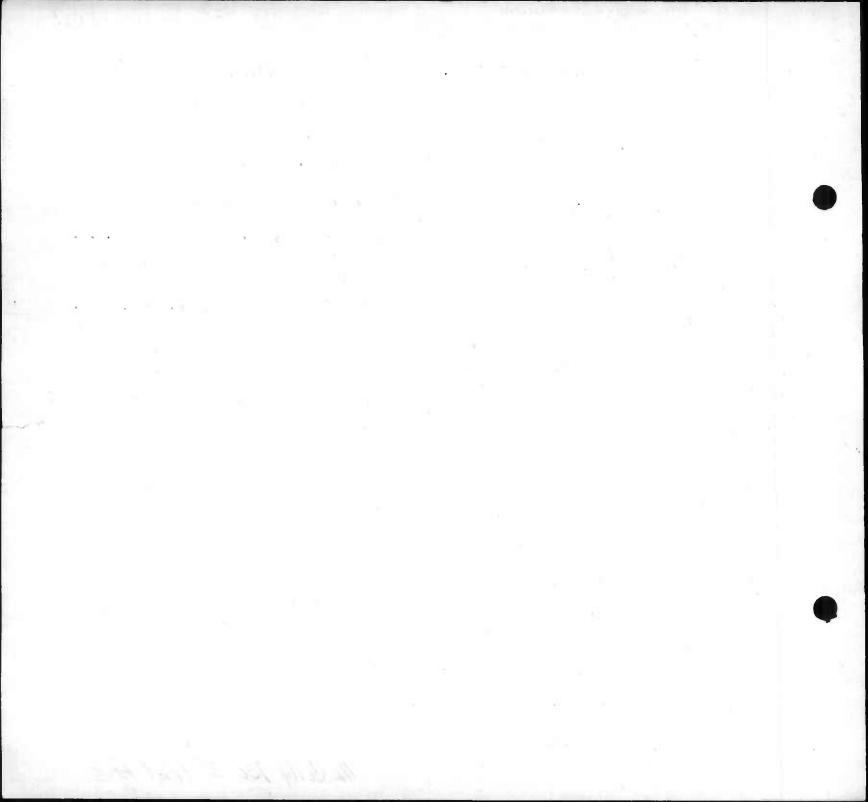
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
--

		69 11756 CEPTIFICATE OF DEATH X REG. NO. 69 11756							
		H NO. AME OF DECEASED.							
	(Туре	Print RAChel Sci4Rharaugh 11-25-69							
	3. PL	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution, residence before odmission) A. STATE B. COUNTY							
	HOS	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) ITUTION ID. INSIDE CITY LIMITS?							
		DON SECOURS HOSPITAL BTREET YES NO							
.	4	34 E. SIREET AND NUMBER R. D.							
	5. SE	X 6. RACE 7. MARRIED NEVER MARRIED 8. DATEJOF BIRTH 9. AGE (In years If Under 1 Ye. If Under 24 His.							
	F	WIDOWED DIVORCED 11/26/96 Idst Diring Doys Hours Min.							
	done	USUAL OCCUPATION (Give kind of work 10R, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	13. E	METIRED-HOUSEWIFE MARYLAND U.S.							
	1	DAVID LITTLE BULL LAURA V.							
	15. W (Yes.r	os Deceased Ever in U. S. Armed Forces? og of unknown] Uf yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 2209 PULADRESS HOHY							
	11	CAUSE OF DEATH CAUSE OF DEATH							
		DISEASE OR CONDITION DIRECTLY							
	l,	This does not mean the mode of dving an (A)IMMEDIATE CAUSE							
	1 10	hearl failure, asthenia, etc. It means the disease,							
		ANTECEDENT CAUSES - Chrowe Diffuse My oear dial Heart Disea							
	ri	DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS A CONSEQUENCE OF: 1. DUE 10, OR AS A CONSEQUENCE OF: 1. DUE 10, OR AS A CONSEQUENCE OF:							
	-	UNDERLYING CONDITION last. (C)							
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING O THE DEATH BUT NOT RELATED TO THE TERMINAL							
	Ulic	PALDATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED							
	CERTIFI	IN CERTIFYING CAUSES OF DEATH?							
	CAL	1A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID hame, form, foctory, street, office bldg., INJURY OCCUR?							
9	21	1D.TIME (Month) (Doy) (Yeor) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
	< 1A	APPROX.) While At Not While							
		2. I certify that (I) (this hospital) attended the deceased from							
		that (I) (we) lost saw the deceased office on							
	23	SA. SIGNATURE							
	23	Phys. Director Phys.							
		NAME (Typel VARAH VORASUBIN, M.D. 23D. ADDRESS Bon Secons Hosp. Bulto, M.D.							
	24A. 8	BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY OF CREMATORY , 24D, LOCATION (City, town, or county) (Stotel							
	_ (Burial 11-29-69 State Kidge Cemetery Delta, York County, Pa.							
	DE	CI 169 DECEMBER 235 NAME OF DISTRAR 25C. FUNERAL DIRECTOR ADDRESS.							
IF	/S 150	O-REV. 1/1/68							

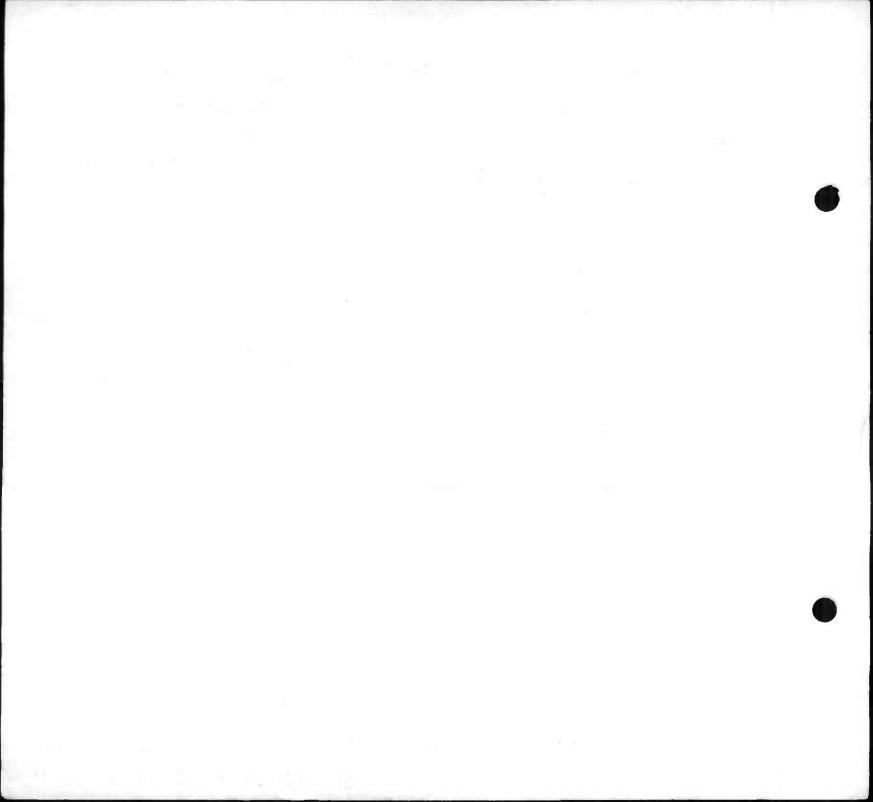
AT A STATE OF THE HOLD AT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

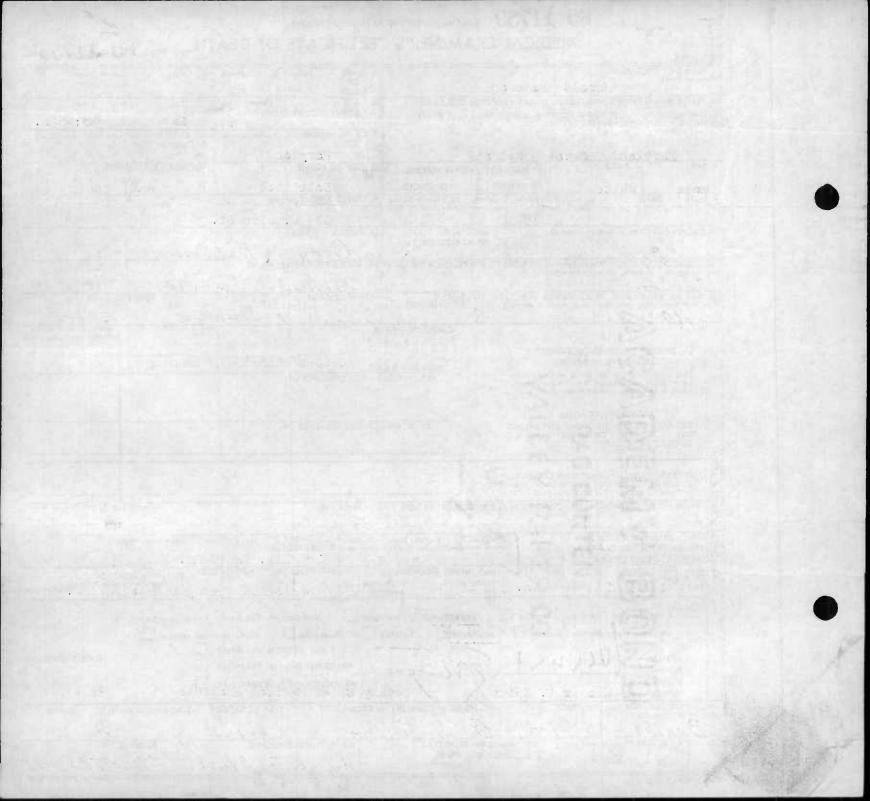
11	/			BALTIMORE CITY	HEALTH DEPARTMENT	15-7-15	69 11757	
PIDT	-650	69	11757	CERTIFICA	TE OF DEATH	REG. NO	OU IIIOI,	
	AME OF DECEASED				2. DATE AN	D HOUR OF DEATH		
		KIRWAN	MARGARE		11/29	/69	м.	
3. P	LACE IN BALTIMORE	MARYLAND,	WHERE PRONOU	INCED DEAD	A, STATE B. COUN	e deceased lived. If it TY	nstitution: residence before admission	
FUL	L NAME OF (IF	NOT IN HOSPI	TAL OR INSTITU	TION, GIVE STREET		ALTIMORE	2404	
INS	TITUTION	DDRESS OR LOC	, A IION,		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?	
	1 0430 E. I	RANDALL S	STREET		E. STREET AND NUMBER		YES NO NO	
1 6					430 E. RANDA	LL STREET		
5. S	EX 6. RAC	E	7. MARRIED	NEVER MARRIED	8, DATE OF BIRTH	9, AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths: Days Hours Min.	
	FEMALE W	HITE	WIDOWED	DIVORCED	7/I0/II	52 58		
	USUAL OCCUPATIO			BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or farei	gn country)	12. CITIZEN OF WHAT COUNTRY?	
1	HOUSEWIFE	,			BALTIMORE, MD	•	U.S.A.	
13. [ATHER'S NAME				14. MOTHER'S MAIDEN NAM			
	CHARLES R	USSET.T.			UNKNOWN			
15. V	Was Deceased Ever in	U. S. Armed Fo	tes of servicel	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
11	NO	, 9.70		XXXXXXXXXXXX	CATHEREN SHECK	ELS 130 E.	RANDELL ST. BALTIMO	
	18. 1 0 2 C	1		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		CONDITION D			DI		A DETWEEN CHOSET AND DEATH	
	LEADI (This does not med	NG TO DEATH		(A) IMMEDIATE CAL		spread o		
	heart loilure, asthen	io, etc. Il meon	s the diseose,	DUE TO, OR AS	A CONSEQUENCE OF:	U	0	
	injury or complication			0 0	lacki Co	A - 1-	70ct 69	
	ANTECEDENT CAUSES (B) Covar Castro Carcinana do Ovary DUE TO, OR AS A CONSEQUENCE OF:							
	rise to the obove couse (A) stoling the							
	UNDERLYING CONDITION lost. (C)							
z	OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBITING					
ATION	TO THE DEATH BUT	NOT RELATED TO	THE TERMINAL	144000.444.0000000000000000000000000000				
U	19 A. DATE OF OPERA	TION 198. CO		VHICH OPERATION	20A. AUTOPSY? (Yes or No	10 20B. IF YES, WERE	FINDINGS CONSIDERED	
ERTIFI	100 6°	7 -	INTESTIA					
	21 A. ACCIDENT WA OR CONTRIBUTING	CAUSE OF	hom	e, farm, factory, street, o	fice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location	
U	DEATH (notify medical	1	NO etc.)					
	OF INJURY (Month	h) (Doy) (Yeor		INJURY OCCURRED Ie At Not While	21F. HOW DID INJ	URY OCCUR?		
	(APPROX.)		War	k L At Work			0-10	
	22. I certify that ((this hospite	ol) ottended th	ne deceosed from 1) (1	19 69 10 25	t Oct 1967.	
	that (1) (we) lost s	aw the deceo	sed olive an	1300	19	ot in (my) (our) op	Inion death occurred on the date	
	and haur and from	the couses st	ated obove. (1	(We) (did) (did nat) v	iew the body after deoth.			
	23A. SIGNATURE	2	00	ME AM	nding Med.	samu Ard	23B, DATE SIGNED	
	<	1 10	7.	DEGREE Phy		Shaff Phys.	29/10/07	
	23C. PHYSICIAN'S NAME (Type)	mary	J. Fix	w IR MD	1) NION MEMO	orear bis	PITTL	
24A	BURIAL CREMATIO	N, 248. DATE	24C. NA	DEGREE AME of CEMETERY of CR	EMATORY 24D. LO	OCATION (C	City, tawn, ar cauntyl (State)	
В	REMOVAL (Specify) URIAL	12/2/	69 H	OLY CROSS CEM	ETERY BA	LTIMORE, MA	RYLAND	
E (DATE RECEIVE HE	al the pert	(DIGNAM) TO		2SC FONERAL DIRECTOR		ADDRESS ADDRESS	
VS	150-REV. 1/1/6B		1 7 0	200	1 VACUCULTY /U	V. 2. 101	1/1/0	



1	BALTIMORE CITY HEALTH DEPARTMENT	
and sed the uch	69 11758 CERTIFICATE OF DEATH REG. NO. 69 11758	
al and death ceased on the	AME OF DECEASED ROTH M. ALBERT 2. DATE AND HOUR OF DEATH 11.29.1965 7.45	P
ath ath	ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admis B. COUNTY	sion)
a hos ause e; (5) ndan	L NAME OF OF OF ADDRESS OR LOCATION) L NAME OF ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?	
S	D. INSIDE CITY LIMITS? Partone, YES NO	
buting ned cau lar att	OON Groad way balling MD. 221 3401 Park side Drive Zone 14	·
rii mir gu sed	MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) 11 Under 1 Yr. 11 Under 24 WIDOWED DIVORCED 12.29.98 75 grd Months: Doys Haurs Mi	Hrs.
ath or condeter in redecea	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stoto or loreign country) 12. CITIZEN OF WHAT COUNTRY OF WHAT COUNTRY (I was a country) 12. CITIZEN OF WHAT COUNTRY (I was a country)	NTRY?
de as	ATHER'S NAME 14. MOTHER'S MAIDEN NAME	
direction direction dispose	Robert Koth Barbera	
istar he d kind deat ce or	os Deceased Ever in U. S. Armed Forces? 10 or unknown! (If yes, give war or doles of service) 10 or unknown! (If yes, give war or doles of service) 11 os SOCIAL SECURITY NO. 21403 342 Lárino Roth 340/ Parhride Dr.	
if the any conditions or fi	8. CAUSE OF DEATH APPROXIMATE INTERV	
his den	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CO.M.: hou A	EATH
r or alt	This does not mean the made of dying, e.g., neart failure, asthenia, etc. It means the disease,	
miner. fractu o pro gular emba	ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES	
xam xam () A () wh ure	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	a-ma
ins ins	JNDERLYING CONDITION fast (C)	
medica medica / burns; physici an was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING O THE DEATH BUT NOT RELATED TO THE TERMINAL ISEASE OR CONDITION GIVEN IN PART 1 (A).	
by a r by a r 2) Body re the physici	PA-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
(2) ph	A. ACCIDENT WAS UNDERLYING R. CONTRIBUTING CAUSE OF hame, form, foctory, street, affice bldg., INJURY OCCUR? EATH Inotify medical examined 218. PLACE OF INJURY Ie.g., in ar obout 21C. WHERE DID (If In Baltimare City, give exact location) injury occurs.	
ed by nospi ature pt w (6) P	ID. TIME IMONINI IDOYI IYOON IHaud 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While	
bt XX Ed	Work At Work	
0000	nat (1) (we) last saw the deceased alive an 1 29 19 69 and that In(my) (awe) apinion death occurred on the	
sed sed spit spit eat	nd hour and from the causes stated abave. (i) (We) (did) (did-not) view the bady after death.	
d de la	Abdus Samed MD Attending Med. Staff Director Phys.	
y was rely was rely An acc (1) An acc).A. at a lod prior to	ABDUS SAMAD MD Church Hore Hospitaly Palfin	-6
certific sody w /s: (1) A D.O.A. assed pi	BURIAL CREMATION, 248. DATE 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) Istote	p)
This certif the body shows: (1) was D.O.A deceased	DATE REC'D BY HEALTH-DERT. 255 NAME OF LEGISTRAR 25C. FUNERAL BIRECTOR ADDRESS	
ませる 多点 多	0-REV. 1/1/68	5



— 69 11759 BALTIMORE CITY HE	ALTH DEPARTMENT	
	CERTIFICATE OF DEATH	00 41000
BIRTH NC.	CERTIFICATE OF DEATH	EG. NO. 69 11759
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month	Day Year Hour
Harold Freeman	OF DEATH Estimoted	м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month	Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD	23 69 3:45 a. _{M.}
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived.	institution; residence before admission)
Maryland General Hospital	A. STATE Maryland B. C	OUNTY 1305
6. SEX 7. RACE 8. MARRIED NEVER MARRIED		NSIDE CITY LIMITS?
male white WIDOWED DIVORCED	Baltimore	YES (NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. 1) Under 24 Hrs.		TEST NO L
lost birthdoy) Months, Doys, Hours, Min.	619 W. 33rd St.	
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
WHAT COUNTRY?	Plan Freeze	2-1
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	Y 15. MOTHER'S MAIDEN NAME	HN
done during most of working life, even if retired)	0: 3.	1 -
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	IB. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	PT 11 5 11	
19. CAUSE OF DEA	> VAGIL / NEDOL Hom	Z WISE, VA.
CAUSE OF DEA	in —	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Osebse sessifi seis	
(A)IMMEDIATE CONTROL OF THIS does not mean the mode of dying, e.g.,	CAUSE Carbon monoxide pois	oning
heori foilure, osthenio, etc. It meons the disease, Injury or complication which coused death.)	AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES (B)		
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST. (c)		
OF COLUMN TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)
		no
22A. EXTERNAL CAUSE WAS UNDERLYING © OR CONTRIB. 22B. PLACE OF INJURY (e.g., home, lorm, loctory, street, office	in or obout 22C. WHERE DID (if in Boltimore City bldg., etc.) INJURY OCCUR?	, give exoct location)
UNDERLYING CONTRIB. UTING CAUSE OF DEATH.		1348
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E, INJURY OCCURRED.	22F. HOW DID INTURY OCCUP?	smoke and soot
(APPROX.) 11 23 69 ?a. m. WHILE AT WORK NOT	WHILE TXI	The state of the s
	Timaration daring	CONTRACTOR
23.		
23. I certify that I held on Inquiry Inspection XX Aut	topsy ond that on this basis, dect	n In my opinion
23.		
l certify that I held on Inquiry Inspection XX Autresulted from: Natural causes Accident X Suicid		
I certify that I held on Inquiry Inspection XX Autresulted from: Natural causes Accident X Suicid	CHIEF MEDICAL EXAMINER	
23. I certify that I held on Inquiry Inspection XX Austresulted from: Natural causes Accident X Suicid ACTUAL M.D. SIGNATURE M.D.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
23. I certify that I held on Inquiry Inspection XX Autrested from: Natural causes Accident X Suicid ACTUAL SIGNATURE EXAMINER'S	CHIEF MEDICAL EXAMINER	DATE SIGNED
23. I certify that I held on Inquiry Inspection XX Autrest Causes Accident X Suicid ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz 24A BURIAL CREMATION. 124B DATE 124C NAME of CREMETERY.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER UTY Chief Medical Examine	DATE SIGNED
23. I certify that I held on Inquiry Inspection XX Autrest County Inspection Ins	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER UTY Chief Medical Examine	DATE SIGNED 11/23/69
23. I certify that I held on Inquiry Inspection XX Autrestal Removal (Specify) Inspection XX Autrestal Removal Removal Removal (Specify) I certify that I held on Inquiry Inspection XX Autrestal Removal Removal Removal Removal (Specify) I certify that I held on Inquiry Inspection XX Autrestal Removal Remov	Homicide Undetermined in CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ULTY Chief Medical Examiner OF CREMATORY 24D, LOCATION MARSON M	DATE SIGNED T 11/23/69 City, town, or county) (State)
I certify that I held on Inquiry Inspection XX Autrested from: Natural causes Accident X Suicid ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz Inspection XX Autrested Accident X Suicid M.D. Dep	Homicide Undetermined in CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ULTY Chief Medical Examine or CREMATORY 24D, LOCATION 25C, FUNERAL DIRECTOR	DATE SIGNED T 11/23/69 City, town, or county) (State) ADDRESS
23. I certify that I held on Inquiry Inspection XX Autrestal Removal (Specify) Inspection XX Autrestal Removal Removal Removal (Specify) I certify that I held on Inquiry Inspection XX Autrestal Removal Removal Removal Removal (Specify) I certify that I held on Inquiry Inspection XX Autrestal Removal Remov	Homicide Undetermined in CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ULTY Chief Medical Examiner OF CREMATORY 24D, LOCATION MARSON M	DATE SIGNED r 11/23/69 City, town, or county) (State)

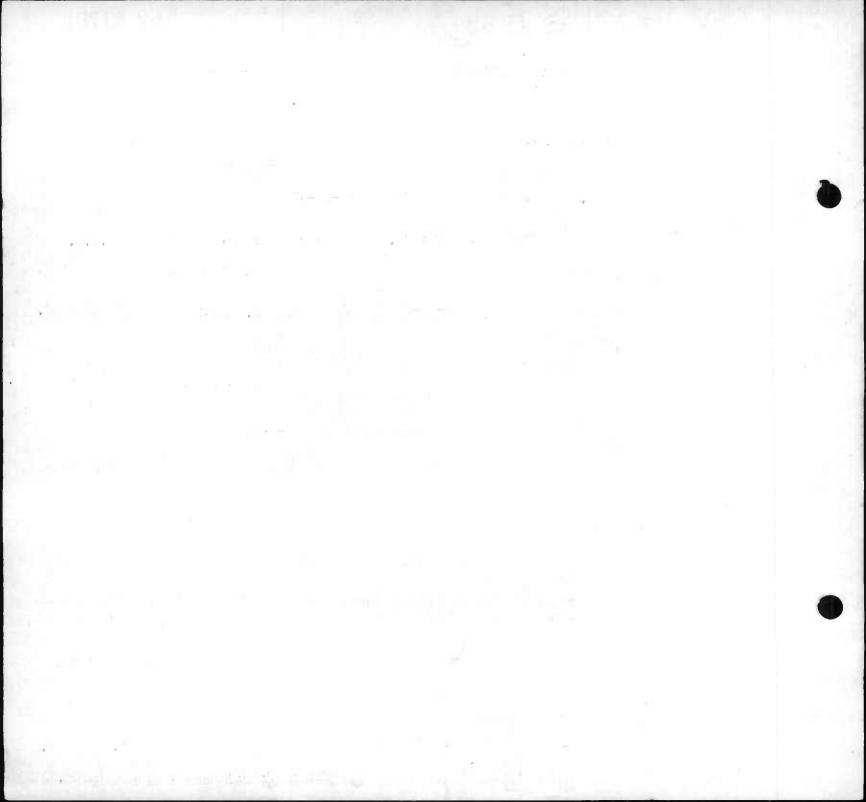


BIR	4-160 TH NO. HOW) 69	1178		TY HEALTH DEPARTMEN		69 11760		
	AME OF DECI				2. DAT	E AND HOUR OF DEA	тн		
L		HEBER, FAI			1	1-25-69	1 4 P.M.		
3.	PLACE IN BALI	IMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE B. C	OUNTY	f institution: residence before admission)		
HO	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTIT	TUTION, GIVE STREET	MARYLAND :	4 -> 1	Howard 6300		
IIN	NOITUTIES				ELKRIDGE	D. 1	NSIDE CITY LIMITS?		
	1/0	ST. AGNE	S HOSP	ITAL	E. STREET AND NUMBI	ER	YES NO		
_	7				LANDING R	D BOX 63A			
11		6. RACE	7. MARRIED	NEVER MARRIED		% AGE (In years last birthday)	If Under 1 Yr., If Under 24 Hrs. Months; Doys : Hours : Min.		
	FEMALE	WHITE	WIDOWED		01 09 68		30,5		
		PATION (Give kind of work rorking life, even if retired) NT	108 KIND O	F BUSINESS OR INDUSTI	11. BIRTHPLACE (State of MARYLAND	foreign country)	12. CITIZEN OF WHAT COUNTRY?		
13.	FATHER'S NAM	\E			14. MOTHER'S MAIDEN	NAME			
	WILLIA	M HEBER			BETTY HE	NRY			
15. (Ye	Was Deceased	Ever in U. S. Armed Fore	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	No	at you give ther at dole.	5 Ot 3011100	NONE	BI AGNES	HOSPITABAW	TOKENS 2 E 2 SATON		
	18.	3.1		CAUSE OF DEA	тн		APPROXIMATE INTERVAL		
		OR CONDITION DIR	ECTLY				BETWEEN ONSET AND DEATH		
		LEADING TO DEATH	dvina en	(A) IMMEDIATE CA					
	heart failure, a	sthenia, etc. It means	the disease,	DUE TO, OR A	S A CONSEQUENCE OF:				
	Injury or complication which caused death.) ANTECEDENT GAUSES FERRI/F (DATI//// CIOALS								
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, II any, giving DUE TO, OR AS A CONSEQUENCE OF:								
	rise to the obove cause IA) stating the UNDERLYING CONDITION last. (C) ACUTE RENAL INSUFFECIENCY.								
	GNDERLING	CONDITION IGST.		(c) // Co (C	L	770077.5			
Z	OTHER SIGNIFIC	II CANT CONDITIONS CO	NTRIBUTING						
ATI		BUT NOT RELATED TO THE		*******************************					
CERTIFICATION		OPERATION 198 CONT	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes o	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?		
ERT	21A ACCIDEN				YES				
CAL	OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF	hon	re, farm, factory, street,	in or about 21C. WHERE DI office bldg., INJURY OCCU	D (II in Boltis R?	more City, give exoct location)		
AEDI	21 D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	1	INJURY OCCUR?			
5	(APPROX.)		Wo						
		hat (X) (this hospital)			11/15/		11/25/ 19 69		
		ast saw the decease					platon death occurred on the date		
			ed abave. ((Me) (qiq) (qiq XeX)	view the bady after dea	th.			
	23A. SIGNATUI		. 10		to adla - Mad -	- C. // -	23B DATE SIGNED		
	22C Briveres		we	DEGREE	tending Med. ys. Director	Shaff Phys.	11-26.69		
	23C. PHYSICIAN NAME (Ty	pel		500010	23D. ADDRESS	2 - 41 4 5	//- 5.0		
24.4	BUDIAL COS	NOK6E	E.	GARCIH DEGRE	DT. /	4 GNES	HOSP.		
29.6	REMOVAL (S	AATION, 248 DATE	24C. N.	AME OF CEMETERY OF C	REMATORY 241	D. LOCATION	(City, town, or county) (State)		
25.6	DON A	11-29-0	19 51		Theran L	11101164	Howard and		
ם	EC 1 19	69 Jak E.	alle.	TF REGISTRAR	Heringh of be	TOR SIACK	Ellicatt C. T. MO		

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

NAME OF TAXABLE PARTY. = B: Participation 2 cm v

1. NAME OF DECEASED (Type or Print)					2. DATE AND HOUR OF DEATH			
Albert Austin						11- 23-1969	institution: residence before admission	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				INCED DEAD	A. STATE B. COL	here deceased lived. If INTY	institution: residence before admission	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)						33/101	5300	
INSTIT	TAL OR UTION	ADDRESS OR LOCA	A IION)		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?	
	1 -	Siani Hos	oital		E. STREET AND NUMBER		YES K NO	
42 Siani Hospital					4120 KahlstenRoad 21236			
S. SEX		6. RACE	7. MARRIED	X NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs			
M	lale	Cau.	WIDOWED	= =	10-28-1915	tost birthdoy)	Months Doys Hours Min.	
		PATION (Give kind of war	-		11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTR	
	uring most of w Forman	varking life, even if retired)	Good	To I	Boltiman	. 1/2		
	THER'S NAM	ΛE	uas &	Electric Co.	Baltimore 14. MOTHER'S MAIDEN N	AME	U.S.A.	
		-				A		
15. Wa	s Deceased	Ever in U. S. Armed For	Austin	1 6. SOCIAL	17. INFORMANT	Annie Novi	tshes ADDRESS	
(Yes, no	or unknown)	(If yes, give war or date	s of service)	SECURITY NO.				
	Yes	WWll		181-01-6698		D. Austin L	120 Kahlston Rd.	
18.	hope / De s	/ 250	of CTLV	CAUSE OF DEATH	1		BETWEEN ONSET AND DEAT	
		É OR CONDITION DI LEADING TO DEATH	RECILY	WALEDIATE CALL	. Cente Du	long Edin	in sudden.	
		at mean the made of		DUE TO, OR AS	USE ach Pulmy Edina sudden. A CONSEQUENCE OF: That Condr. Varula Mrs. 5 years.			
		asthenia, etc. It meons plication which caused			-1+ 11	Vomba	- Mrs 5 years.	
	Δ.	ANTECEDENT CAUSES		angue	while how			
		R CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:	•	4	
		above cause (A) CONDITION last.	stating the	(c) night	or selen	~	2 7	
		II		/ 9/	11 2			
		CANT CONDITIONS CO		Deapt	of melleting		20 years.	
	SEASE OR CO	H BUT NOT RELATED TO T ONDITION GIVEN IN PAI	RT 1 (A).					
H 19	A. DATE OF	OPERATION 198. CON	IDITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes or	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?	
CERTIFIC 19	A. ACCIDEN	IT WAS UNDERLYING	7 21B.	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Baltim	are City, give exact location)	
_, 01	R CONTRIBU	IT WAS UNDERLYING TING CAUSE OF	hom etc.)	e, form, factory, street, of	n or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	,		
O	D. TIME	(Month) (Doy) (Year)	(Hour) 21F.	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?		
3 01	PPROX.)	(100)	Whi	ile At Not Whit				
			Wo		1	7.	-r-23 1969	
22	. I certify	that (1) (this haspita	l) attended t		June 10			
th	ot (l) (we)	lost saw the decease	ed alive on	2~,26	5, 1969 ond	that in (my) (our) o	pinion deoth occurred on the d	
			ted obave. (I) (We) (did) (dld not) v	iew the body ofter death	1.		
23.	A. SIGNATU	RE / 9 /			nding 🖼 Mad 🖂	Shall [7]	238. DATE SIGNED	
	1	A. / Im	~	DEGREE	nding Med. Director	Staff Phys.	1000, LS, 1761	
	NAME (Ty	N'S (pe)	~0		23D. ADDRESS			
23		. A. SILVI	5九	M. J. DEGREE	Ишир			
	4							
24A. B	URIAL CREA	MATION, 24B. DATE	24C. N	AME of CEMETERY of CRI	EMATORY 24D.	LOCATION	City, town, or county) (Stote)	
24A. B	OURIAL CREATEMOVAL (S Buris	MATION, 24B. DATE	-60 G	ame of CEMETERY of CRI ardens of Fait registrar		Fullerton	Balto Md ADDRESS	



	BALTIMORE CITY HEALTH DEPARTMENT
and ased the Such	69 11762 CERTIFICATE OF DEATH REG. NO. 69 11762
deat deat ease n th	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
of deat of deat Decease ce on th ath. Suc	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Whore deceased lived, Il institution: residence before admission)
100	A. STATE 8. COUNTY
2 . 44	FULL NAME OF HOSPITAL OR IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI
Se, Se,	INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS? YES IT NO IT
ting d cau d cau r att	SINAL HOSPITAL OF BALTIMORE E. STREET AND NUMBER
de la constante de la constant	42 3961 ANNE IEN 10.
tribu mine goula	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years left Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
occu ontril ermir regul	WIDOWED DIVORCED DIVORCED 63
th on on	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Stote or foreign country)
or o	La perier N.C.
we we be	13. FATHER'S NAME
nt if death direct or c; (4) Undet the was in the deconditional disposition	UNENOWN RATHOWN
9 2 2 0 1	15. Was Deceased Ever in U. S. Armed Forcas? (Yes, no or unknown) Uf yos, give wor or dates of sorvicel SECURITY NO.
SS: A A D D E	100 217-05-8730 CONTINE lender 10/4 Exmandson AVE
is a; any any nda or	18. CAUSE OF DEATH
E 0 4 E 6 B	DISEASE OR CONDITION DIRECTLY
onon attent	(This does not mean the mode of dying, e.g.,
2 2 2 2 2 2	injury or complication which caused death.)
fra fra em	ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving rise la the above cause (A) stating the UNDERLYING CONDITION last. Acute Renal Failure (B) DUE TO, OR AS A CONSEQUENCE OF: (C) Chronic Renal dislase 7.
Xar Xar XA Wh Wh	DISEASES OR CONDITIONS, it any, giving DUE TO, OR AS A CONSEQUENCE OF: inse la the above cause (A) stating the
al a	UNDERLYING CONDITION jast, (c) Chronic Renal alslase
medica burns; hysici n was remai	
bou phy	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Chronic Obstructive Pulmonary Desease Years
a rody he p	DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION WAS PERFORMED 2004. AUTOPSY? (Yos of No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0 < 4 D	
the all by (2) ere b ph	
アモラモスカ	O DEATH Inolity medicof exominer) etc.)
d b osp osp of w (6)	OF INJURY (Month) (Doy) (Yood (Hour 21E MIJURY OCCURRED 21F. HOW DID MIJURY OCCUR?
roved he hos y natu xcept and (6) btaine	OF INJUSY (APPROX.I Work Not While At Work At Work
0 + = 0 0	22. I certify that (i) (this hospital) attended the deceased from Nev. 18 19 69 to Nev. 25 19 69
of o	that (i) (we) last saw the deceased alive on W. 25 19 69 and that in (my) (our) opinion death occurred on the date
b trapit	and hour and from the causes stated above. (i) (We) (did) (did nat) view the bady after death.
de de de	238, DATE STONED
a har	Director L. Phys. L. Director
was r An a prior	NAME STYPE DE TOUR MENT TO
Mar Maria	DEGREE
E-200 -	REMOVAL (Specify) Phase 10 10 MH (HILVILLA WIN) (Stole)
	- Milly from 1111 by 11/10/10/10/10/10/10/10/10/10/10/10/10/1
This the show was dece	25G. BATE REC'D TO BEAUTH DEAT. 255CHARE OF BEGISTRAR 25G. FUNERAL DIRECTORY ADDRESS
1	VS 150-REV. 1/1/68

Thoras I was

som and an analysis - also

and the second of the second o

August sances

Correct Bank Stormer

Charge March Maring Born 15 1

Men are for the control of

(in name in) want

Howard T Friedman M.) Some Hospital Bolling

nd v

contributing occurred regular Was 4 assistant eath any pronounced of examiner who

69 11763

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

WIDOWED

10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY

MARRIED NEVER MARRIED

6. SOCIAL

SECURITY NO.

4-20-706

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

I, NAME OF DECEASED (Type or Print)

6. RACE

done during most of working life, even if retired)

15. Was Deceased Ever in U. S. Armed Forces

(Yes, no or unknown) (If yes, give wor or dotes of service)

FULL NAME OF HOSPITAL OR

13. FATHER'S NAME

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

4. USUAL RESIDENCE (Who

E. STREET AND NUMBER

11. BIRTHPLACE (Stote of

14. MOTHER'S MAIDEN NA

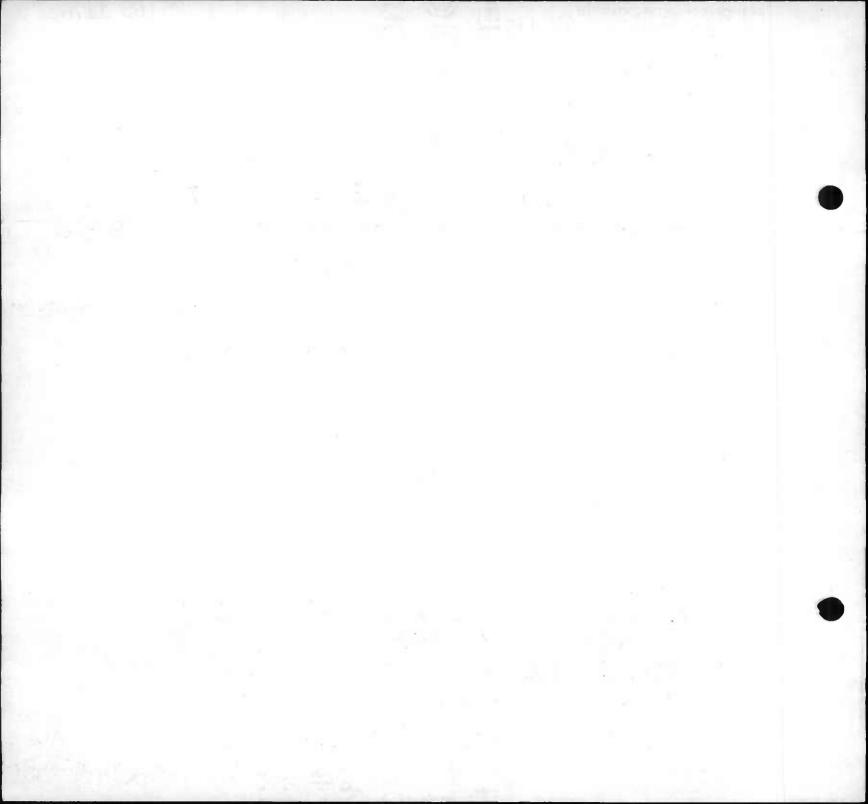
8. DATE OF BIRTH

7. INFORMANT

MENT	69 11763
ATH REG.	NO
28 Nove	ENLOR69 3 40 Am.
CE (Where deceased liv B. COUNTY	ved. If institution: residence before admission)
Much	Baltimon=2717
	D. INSIDE CITY LIMITS?
MARE	YES NO 🗌
JMBER	DI
5Pr M1 #	Belvecleri
9 AGE (In ye lost birthdoy)	ors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
te of foreign country)	12. CITIZEN OF WHAT COUNTRY?
USSIA.	U5a
IDEN NAME	
ley	
W CI	ADDRESS
at - ande	Ju 3100 Marrier 1901
mal CARCI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CHEVOSE
)F;	
Yes or No) 20B. IF YES,	WERE FINDINGS CONSIDERED ING CAUSES OF DEATH?
O IN CERTIFY	NG CAUSES OF DEATH?
	Boltimore City, give exact location)
DID INJURY OCCUR?	
1968 to	88 NOV 1969.
	our) aplnian death accurred on the date
r death.	
Staff Phys.	238, DATE SIGNED 28 NOV 1469
Home 9	dufirmary
24D. LOCATION	(City, town, or county) (Stote)
BOT	m
Jaco	2299000

Such and (5) Deceased of death LO a hospital death. attendance cause Undetermined cause; 0 prior or final disposition is made deceased the 0 attendance embalmed regular are = physician the remains medical **SD M** No physician chief obtained before the 3 where o the hospital nature; and (6) approved (except any pe death) o hospital must accident must 0 approval ō prior certificate ģ 4 deceased the body was D.O. written shows:

CAUSE OF DEATH 1B. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving to the above cause (A) stating the UNDERLYING CONDITION last, 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No 19A. DATE OF OPERATION CERTIF WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF ICAL DEATH (natify medical examiner) MEDI 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJ Not While While At (APPROX.) Work At Work 22. I certify that (this haspital) attended the deceased from that 🎳 (we) last saw the deceased alive an 🛒 and th and haur and from the causes stated abave. 🎶 (We) (did) 🚜 🙌 view the body after death. 23A. SIGNATURE Attending Med. Director L Phys. 23C. PHYSICIAN'S NAME (Type) 23 Q. ADDRESS Lev 24A. BURIAL CREMATION, 24B. DATE 24D. CREMATORY REMOVAL 20 25C FUNERAL DIRECTOR - Sum & Son 9610 Perseus V\$ 150-REV. 1/1/6B



	D BALTIMORE CITY	HEALTH DEPARTMENT 69 11764							
	69 11764 CERTIFICA	TE OF DEATH REG. NO.							
İ	I.NAME OF DECEASED ROZMY E. Bayne	2. DATE AND HOUR OF DEATH							
	ROAMY, E. BAYNE								
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution; residence before admission) A. STATE B. COUNTY							
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND. Baltimore C. CITY OR TOWN Edgemere D. INSIDE CITY (1981) 15?							
	CHURCH HOME AND HOSPITAL	BALTIMORE YES NO TO							
	35 BALTIMORE NO 21231	E. STREET AND NUMBER 7001 NORTH PT RD							
	THE VER HINARRIED	8. DATE OF BIRTH 9. AGE (In years It Under 1 Yr. If Under 24 His. Months; Doys Hours; Min.							
	Male White WIDOWED DIVORCED	6-12-1900 27 111							
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stole or foreign counfry) / 12. CITIZEN OF WHAT COUNTRY?							
	CRANE OPERATOR Bethlehem Steel Co.	VIRGINIA. U. S. A.							
		14. MOTHER'S MAIDEN NAME							
	WILLIAM BAYNE	SARAH BREEDLOUE							
	Ites, no of unknown) lift yes, give wor of doles of service) SECURITY NO.	75 4							
	No 213076663	Praber. K. Bose Charch Home attrap.							
	18. 5-4 CAUSE/OF DEATH	Praber K. Bose Charch Home a Hosp. Balt. 2123, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	TOXAEMIC SHOCK-							
	(A)IMMEDIATE CAUS								
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death)								
	ANTECEDENT CAUSES STRESS WILLER - RIFERIAL								
	underlying condition last. (c) PELVE CELLULITIS.								
	11								
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).								
$\ $	19A-DATE OF OPERATION 119R CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
	WAS PERFORMED CA RECTUM 11. 76. 69 PILERTING COLOS TONY U 21A. ACCIDENT WAS UNDERLYING 21E PLACE OF INJURY 10.95. IN								
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, offi	or obout 21 G. WHERE DID (If In Boltimore City, give exect location) ce bidg., INJURY OCCUR?							
	Q 210. TIME (Month) (Doy) (Yeo) (Hous) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?							
	(APPROX.) While At Not While At Work Not While At Work								
	22. I certify that (i) (this hospital) attended the deceased from 1/ -/4- 1969 to 1/ · 27 1969.								
	that (1) (we) last saw the deceased alive on 11 . 27 19 69 and that in (my) (our) opinion death occurred an the date								
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.								
	23A, SIGNATURE	23R, DATE SIGNED							
	Pratin R Bose M. Doegree Phys.	ding Med. Staff Phys. 27. 69							
	NAME (Type)	3D. ADDRESS							
	PRABIR K. BOSE M. DOGGEE CHURCH HOME AND HOSPITAL								
	REMOVAL (Specify)	MATORY 24D. LOCATION (City, town, or county) (Stole)							
	Burial 12/1/69 Gardens of Faith	Cemetery Baltimore, Maryland							
	25A. DATE REC'D BY HEALTH DEPT. 25E NAME OF REGISTRAR	John J. Duda, 7922 Wise Ave. Dundalk, Md.							
13	VS 150-REV. 1/1/68								

Hardy . RVV.4-

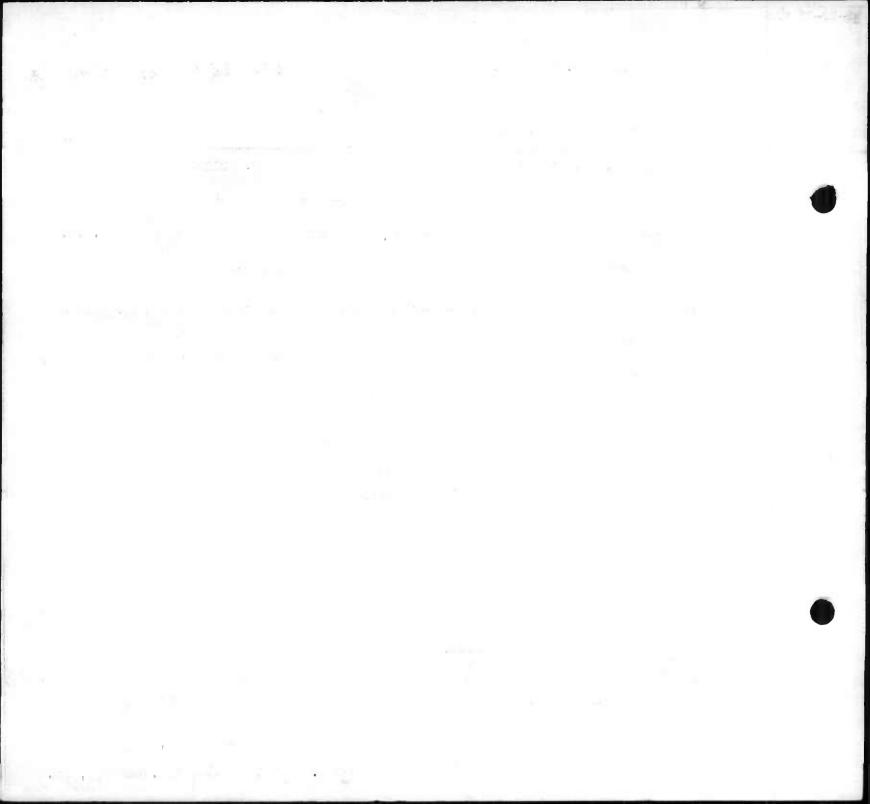
Manager and

.

-200	69	1176
TH NO.		
AME OF DECEASED		

S]		- 200 03 11765 CENTIEIC	ATE OF DEATH XEG. NO. 69 11765			
on the	1.1	NAME OF DECEASED JAMES R. COOK SR.	2. DATE AND HOUR OF DEATH NOV. 26 %, 1969 9:40 A.M.			
		PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. Il institution; residence before admission) A. STATE B. COUNTY			
attendance ior to deat	H	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) ASTITUTION BALTIMORE CITY HOSPITALS	MARYLAND BALTIMORE C.CITY OR TOWN Dundalk D. INSIDE CITY LIMITS?			
- L	,	3 / 4940 EASTERN AVE. BALTO. MD. 21224	E. STREET AND NUMBER 1852 CHURCH ST. 21222 005			
gula sed mad	11	SEX 6- RACE 7- MARRIED NEVER MARRIED MALE WHITE WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years If Under 1 Ys., If Under 24 Hrs., Months; Doys; Hours; Min.			
decea ition is	dor	A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTR	IT 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
was the c	13.	-FATHER'S NAME CHARLES Cook	14. MOTHER'S MAIDEN NAME			
는 H F F	15. (Ye	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. SECURITY	ALICE Lawrence 17. INFORMANT ADDRESS			
find	-	No 215-03-3676 18. CAUSE OF DEA				
onounced r attenda aimed or		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CA	AUSE ASpiration Presencia 16 hrs.			
주 을 E		hearl failure, astheria, etc. It means the disease, injury or complication which caused death.)	S A CONSEQUENCE OF:			
who are		rise to the above cause (A) station the	BIS., ASCUD, B.D.H. SACONSEQUENCE OF: Vapulaic Catheter.			
vas main	CATION	1	nary refersion.			
sici the	CERTIFICAT	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
P o p		21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., hame, form, lactory, street, of DEATH (notify medical examiner)	in or obout 21 C. WHERE DID affice bldg., INJURY OCCUR? (II in Baltimore City, give exoct location)			
xcept whind (6) Nobtained be		21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED While At Mark At Wark	21F. HOW DID INJURY OCCUR?			
(exidence)		22. I certify that W (this hospital) attended the deceased from OC that W (we) last saw the deceased alive on MOV: 2	Ct. 28 1969 to SOV , 96th. 1969			
hospital o death) I must be		and haur and from the causes stated above. (1) (We) (dld) (dld nat) v	view the body after death.			
		GEOREE Phy	122D ADDRESS			
J.A. at od prior approv		f A. f Oad	D-building B.C. 17			
was D.O.A. at a h deceased prior to written approval	25 A	Burial 11/29/69 Oak Lawn	Baltimore, Maryland			
¥ de y	O	ECT TREE 1969 TO DEPT. E. TR. NAME OF THE STRAN	John J. Duda 7922 Wise Ave. Dundalk, Md.			

VS 150-REV. 1/1/68



55-86-61	is	l
22.00.01	10	

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a horning factor of the control of the a hospital and occurred in or his assistant if death This certificate must be approved by the chief medical examiner

IMPORTANT

FUNERAL DIRECTOR:

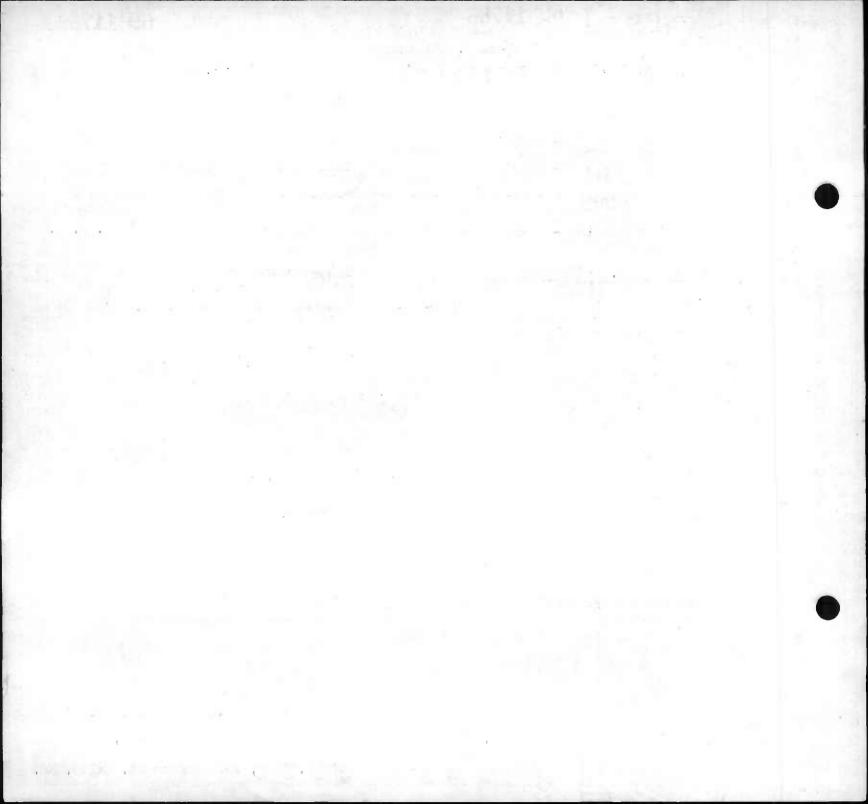
7	-0 69	1176	6 BALTIMORE CITY	HEALTH DEPARTMENT		00 44500			
10-45	00	-Acade (C		TE OF DEATH	REG. NO	69 11766			
BIRTH NO.	CEASED	Robert	H. Ballantin		AND HOUR OF DEATH				
(Type or Print)	ROBERT H.	0 .	-ANTINE	2, 57, 12	11/26/69	70			
3. PLACE IN BA	LTIMORE MARYLAND, W			4. USUAL RESIDENCE (W	hore deceased lived. If i	nstitution: residence before admission			
	Maria Company			Maryland	UNIT	11.11			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)				C. CITY OR TOWN	D ING	SIDE CITY LIMITS?			
INSTITUTION	ltimomo City	Haanita	1 6	Baltimore	YES X NO				
Baltimore City Hospitals 2 4940 Eastern Avenue				E. STREET AND NUMBER		113 [2]			
	ltimore, Md.			3311 Foster	Avenue 2122	4 007			
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	1 11 11 1 1 1 1 1 1 1 1 0 1 11			
Male	White	WIDOWED		3-17-15	lost birthdoy) 54	Months Doys Hours Min,			
				11. BIRTHPLACE (State or f.		12. CITIZEN OF WHAT COUNTE			
	f working life, even if retired)	Common	Makawa	Marylan	d	U. S. A.			
	t Operator -	Genera.	Motors			0. D. R.			
13. FATHER'S NA	AME			14. MOTHER'S MAIDEN N	IAME				
Milto	H. Ballant:	ine		Irene Blac	kburn				
15. Was Decease	d Ever in U. S. Armed Fo	rces?	16. SOCIAL SECURITY NO.	17. INFORMANT	4940 Easte	rn Avenue			
Yes	WWLL		21209-7068	BCH Records	: Baltimore,				
18. / つ	11 2-1	1 0	CAUSE OF DEATH			APPROXIMATE INTERVAL			
DISEA	ASE OR CONDITION DE	RECTLY				BETWEEN ONSET AND DEAT			
					REBRAL	2 hours			
	LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. II means the disease,								
	mplicolian which coused								
	ANTECEDENT CAUSES	ON							
DISEASES	OR CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:					
	he above cause (A)	sloting the	(-)						
UNDERLIIN	UNDERLYING CONDITION lost. (C)								
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DIABETES MELLITUS								
TO THE DEA	ATH BUT NOT RELATED TO 1	THE TERMINAL	Di	HBETES 1	MELLITUS	***************************************			
U 19A DATE O	CONDITION GIVEN IN PAI OF OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE	FINDINGS CONSIDERED			
STIFE STIFE	WAS PER	RFORMED	-	YES	IN CERTIFYING CA	USES OF DEATH?			
U 21A. ACCID	ENT WAS UNDERLYING	218	PLACE OF INJURY (e.g., i	or obout 21 C. WHERE DID	(II in Boltimo	re City, give exact location)			
	BUTING CAUSE OF fy medical examiner	hon	ne, form, foctory, street, of	fice bldg., INJURY OCCUR?					
O 21D. TIME	(Month) (Doy) (Year)	(Hour) 21 F	. INJURY OCCURRED	21F. HOW DID	NIURY OCCUR?				
S OF INJURY			nile At Not While		_				
(APPROX.)		Wo	rk		10	10			
22. I certif	y that (1) (this hospita	ii) attended t	he deceased from	11/26	19 67 ta	11/26 19 69			
that (1) (we	Tast saw the deceas	ed alive an	11/26	19 69 and	that in (my) (out) ap	inian death accurred an the do			
and haur a	nd fram the causes sta	ited abave. (1) (Wet (did) (did not) v	iew the bady after deat	h.				
23A. SIGNAT	URE	1			- 1	238, DATE SIGNED			
	tomis R.	tonk	M.D. Atte	nding Med.	Shaff Phys	11/26/69			
23 C. PHYSICI	AN'S	/	OE GREE 1	nding Med. Director D	CITY	OSPITAL			
NAME	(Type)	FOLLY	11 1	DALTO		03/11/46			
24A. BURIAL CR	SEMATION SAR DATE	TONK N	M. D. DEGREE	4940 Easter	n Ave., Balt	imore Md. 21224 ity, town, or county) (Stote)			
KEMOVAL	(Specify)								
Buria	Commence of the Commence of th	4	Stanislaus C			timore, Maryland			
1754 DATE PEC"	TO A VALUE AT THE OWEDT A P	IDAR NEWAAR	CAPRICISTRAP	OSC FUNERAL DIRECT	OP	ADDRESS			

John J. Duda,

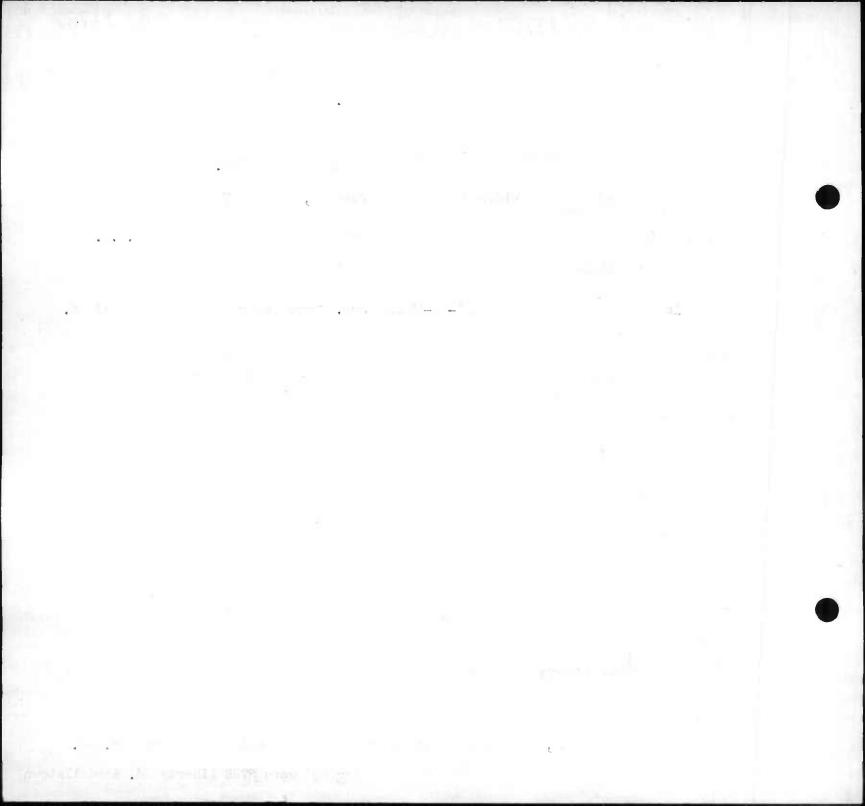
2829 Hudson St. Balto.

VS 150-REV. 1/1/6B

DEC



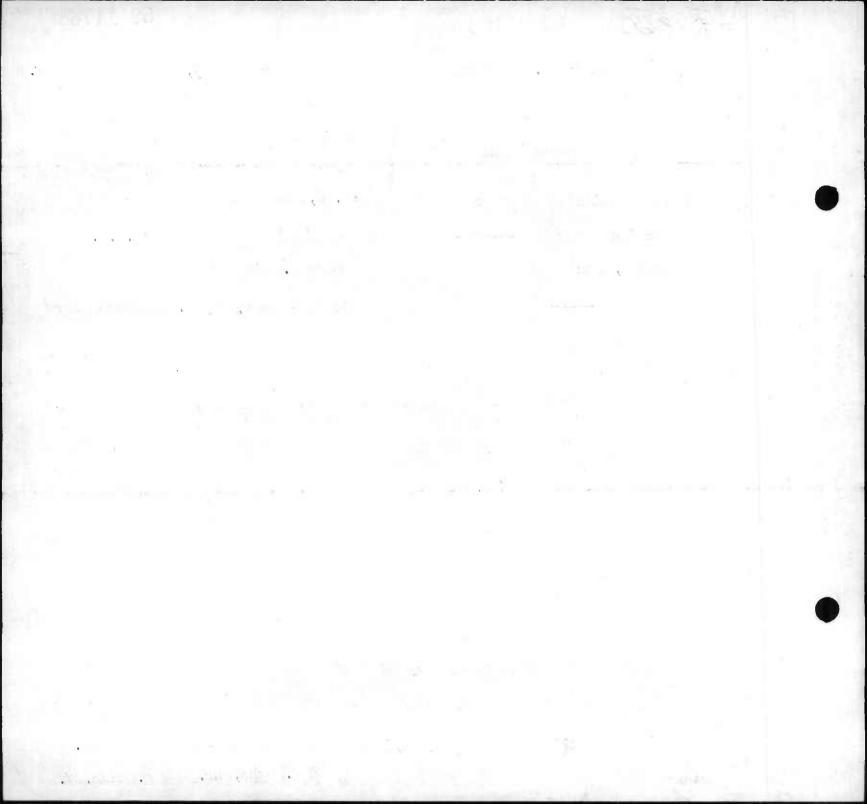
RIPT	-523 69 117	67	BALTIMORE CITY	HEALTH I	DEATH	Registered Na	69 11767
	. CASE NO. AME OF DECEASED		CERTIFICA	I E OF	DEATE	ID HOUR OF DEATH	u
			2 7				
3. P	LACE OF DEATH IN BALTIMORE MARYL	AND		4. USUAL	RESIDENCE (When	e deceased lived. If	institution; residence before odmiss
F	ULL NAME OF (If not in hospital or in HOSPITAL OR oddress or location)	nstitution,	give street	A. STATE		Baltimore	C 33 a a a a a a a a a a a a a a a a a a
	NOITUTITZ			-	al Randal		s KUKAL ond give fownship)
4	Bullet Go	0	11 0	11		rurol, give location)	
-	Maryland Genera	~ (4226.42	900	l Marsella	Ave.	
5. S	EX 6. RACE 7. USUAL OCCUPATION (Give kind of work 108	WIDOWE	, NEVER MARRIED D, DIVORCED (specify) Wed	B. DATE O	F BIRTH	9. AGE (In years lost birthdov)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
		KIND O	F BUSINESS OR INDUSTRY	11. BIRTHP	LACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
-	oduring most of working life, even if retired)			Ral+	imore Mary	land	U.S.A.
	FATHER'S NAME				ERS MAIDEN NA		0.0.0.
	Fred Thiele			Wi	Limene Un	known	
5. 1	Nos Deceased Ever in U. S. Armed Forces		1 6. SOCIAL	17. INFORM			ADDRESS
Yes	, no or-unknown) (If yes, give wor or dotes of	service)	SECURITY NO.	37	37	0/== ===	20 1 1/12 2
	18.		213-12-4724D	Mrs.	Myerl Mos	er 3611 Mi.	lford Mill Rd.
	DISEASE OR CONDITION DIREC	#1 V	CAUSE	T DEATH			ONSET AND DEATH
	LEADING TO DEATH	11.1	IN From	advage	al Motors	htic	
	(This does not meon the mode of dy heart failure, astherio, etc. It means the		, DUE TO		·	tatic f Breas	- <u>_</u>
	injuly of complication which coused de		•	Carc	nome 0	1 1313643	
	ANTECEDENT CAUSES		(B)				
	DISEASES OR CONDITIONS, if ony						
	rise to the obove couse (A) sta	oling ine	(C)			** ** *** ** ** ** ** ** ** ** ** ** **	
	11						
TION	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED						
4	DISEASE OR CONDITION CAUSING IT.			T20 A		V 000 15 Mag 1115	
RTIFIC	19A. DATE OF OPERATION 198. CONDIT	MED FOR	WHICH OPERATION	20A. A	DIOPSTY (Tes of No	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	216	B. PLACE OF INJURY (e.g., i	in or obout 2	no 1C. WHERE DID	(If in Boltime	ore City, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hor	me, form, foctory, street, o	ffice bldg., I	NJURY OCCUR?		
0	21D. TIME (Month) (Doy) (Yeor) (I	Hour) 21 F	E, INJURY OCCURRED	12	IF. HOW DID INJ	URY OCCUR?	
ME	OF INJURY (APPROX.)	WI	hile At Not Whi				
		W c	ork — Al Work		. 6	4 4	
	22. I certify that (1) (this hospital) a	ttended t	the deceased fram	/VE (/.	/ / 9	19ta	APRIL 2 7 19 G
	that (I) (we) last saw the deceased o					at in(my) (aur) a	pintan death accurred an the
	and haur and fram the causes stated	abave. ((I) (We) (did) (did nat)	view the b	ady after death.		DOD DATE CLOSED
	23A. SIGNATURE	nl:	M.D. AII	ending r	Med.	Stoff	23B, DATE SIGNED
	Shao- Huang	in	M.D. All		Med. Director	Stoff Phys.	11-27-67
	23C.PHYSICIAN'S NAME (Type)		M.D.	23D. ADDR	222		/
24 <i>A</i>	BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C.N	AME of CEMETERY OF CR	EMATORY	24D. L	OCATION	(City, town, or county) (Sto
R		9 Wo	odlawn Cemeter	יישי	Talloca	dlawm Ral+	imore Co Md
25A	DATE REC'D BY HEALTH DEPT.	B. NAME	OF REGISTRAR	25C. F	UNERAL DIRECTO	arawn Dart.	imore Co. Md.
D	EC 1 1969 JASTE E. 19	-	20 0 D	Lor	ng Byers	8728 Libert	ty Rd. Randallston
/S	150-REV. 1/1/65	. J					



Such 0 death. COUSE regular Was the 50 death ਰ attendan 10 med bal ar Ε physician the remains Z haspital 9 and must approval eceased 0.0

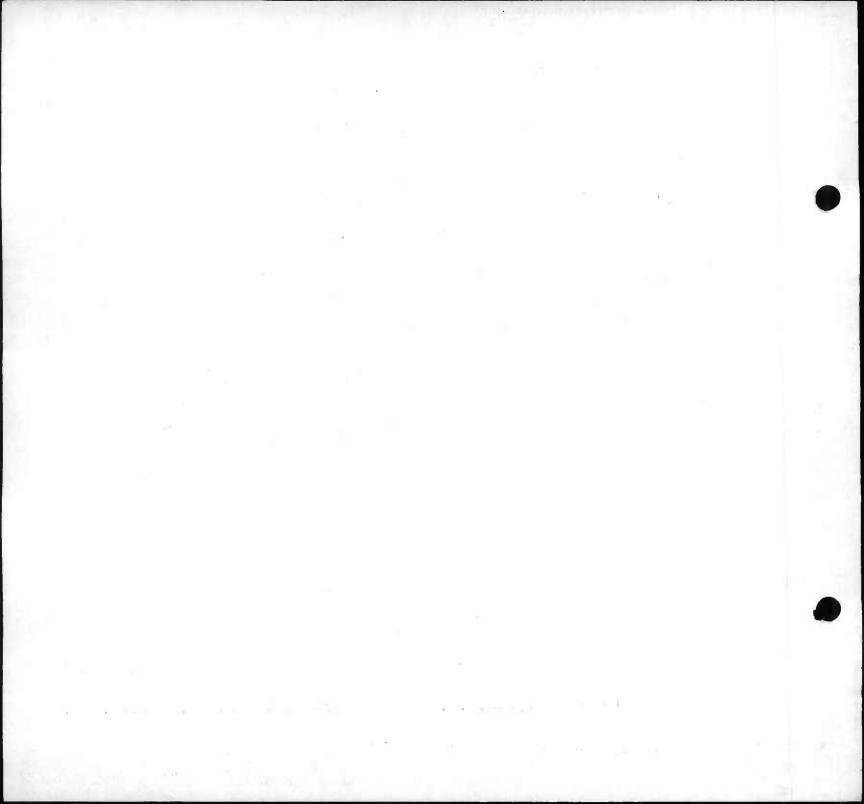
BALTIMORE CITY HEALTH DEPARTMENT 69 11768 CERTIFICATE OF DEATH I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased fived. If institution: residence before admission)
A. STATE

8. COUNTY Nannie 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS Baltimore E. STREET AND NUMBER YES V NO 3616 Elkader Road 3616 Elkader Road 9. AGE (In years 6. RACE B. DATE OF BIRTH 5. SEX If Under 1 Yr. tf Under 24 Hrs. MARRIED NEVER MARRIED lost birthday Dec. 6, 1900 WIDOWED 2 DIVORCED 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most af working life, even if retired) Housewile Maryland 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Mary O. Slingluff
17. INFORMANT James H, Burch 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give war ar dates of service) ADDRESS 6. SOCIAL SECURITY NO. Margaret Leary 203 A. Donnybrook Land no unknown CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the made of dying, e.g.7 DUE TO, OR AS A CONSEQUENCE OF: heart failure, osthenia, etc. It means the disease? injury ar camplication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, gifing slating rise to the above cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ! (A). CERTIFIC 19B. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, larm, foctory, street, affice bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED Nat While OF INJURY While At s (APPROX.) Work 22. I certify that (I) (this hospital) attended the deceased fram..... ond that in(my) (our) opinian death occurred on the date that (1) (we) lost saw the deceased alive on. and hour and from the couses stoted obave. (1) (We) (did) (did not) view the bady ofter death. 23A. SIGNATURE Attending Staff 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS FREDERICK J 24A. BURIAL CREMATION, 24B. DATE (City, town, or county) REMOVAL (Specify) Burial 11/29/69 New Cathedral 25A. DATE REC'D BY HEALTH DEPT. 2 THE TAME OF DEGISTRAR John A. Monan. Inc. 3000 VS 150-REV. 1/1/68



	(3-422)
56656	BIRTH NO.
al and death sceased on the	1. NAME OF DECEASED
_ p e c	(Type or Print) Gold
of De De ath.	3. PLACE IN BALTIMORE,
pproved by the chief medical examiner or his assistant if death occurred in a hospital and othe hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the ; and (6) No physician was in regular attendance on the	FULL NAME OF (IF N HOSPITAL OR ADD
Se;	INSTITUTION
in age	George
direct or contributing d; (4) Undetermined cauth was in regular att	10 Home
di ib	S. SEX 6. RACE
occurri ontribu ermine regula	Female WI
ath occur or contrik idetermin in regul	S. SEX 6. RACE OA, USUAL OCCUPATION dane during most of working life Uh Kr) o Uh 13. FATHER'S NAME S. Was Deedased Ever in U (Yes, no or unknown) (If yes, g)
or or in ded	Unknown
if de ect o 4) Un was the	13. FATHER'S NAME
= 54 > ±	George W
di di	15. Was Deceased Ever in U
istant the dir kind; (death ice on	(Yes, no or unknown) (If yes, g
or his assista Also, if the e of any kin nounced dea	1B. / /
an and	DISEASE OR CO
ner or his as ler. Also, if icture of any pronounced lar attenda	DISEASE OR CO
o A e c a	
examiner. (3) A fractur n who pror in regular	injury or camplication
in a contract	ANTECED
cami A fr who	DISEASES OR CON
3 (3) × E	rise to the above
lo lo si si si si si si si si si si si si si	UNDERLYING COND
f medical e medical e y burns; (3 physician	E O OTHER SIGNIFICANT CO
Thy br	TO THE DEATH BUT NO
he chief me by a mec 2) Body bu re the phy physician	DISEASE OR CONDITION
hi Bo	
phe 2 by	21A. A CCIDENT WAS
proved by the chief medical examiner or his assible hospital by a medical examiner. Also, if the nature; (2) Body burns; (3) A fracture of any except where the physician who pronounced and (6) No physician was in regular attendant.	UNDERLYING COND OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION 19.4. DATE OF OPERATI OR CONTRIBUTING OF INJURY (APPROX.) 22. I certify tho
Spi S	OF INJURY (Month)
pproved the hosany natu (except	APPROX.)
y y x	22. I certify that
o the any (exc	that (N (we) lost say
15 a c t a	
bed int	ond hour ond from th
de de	E
E de Co.	chere
ficate must be a was released to An accident of A. at a hospital prior to death)	23C.PHYSICIAN'S NAME (Type)
Wa Ar	RIC
his certificate must be a he body was released to hows: (1) An accident of vas D.O.A. at a hospital eceased prior to death)	23C. PHYSICIAM'S LAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) 25A. DATE RECO, BY HEAL
his certif he body hows: (1) ras D.O.A	12.00
he bochows: vas D.	25A. DATE REC'D BY HEAL
44470	FIDELL 1969

G-432 69 11769 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 69 11769							
BIRTH NO. 63	11769	CERTIFICA	TE OF DEATH	REG. NO.	93 11/93		
1. NAME OF DECEASED	each C	1000	2. DATE AN	26/109	111560		
3. PLACE IN BALTIMORE, MARYLAND	, WHERE PRONOUNC	CED DEAD	4. USUAL RESIDENCE (When	re deceased lived. If ins	stitution: residence before odmission)		
HOSPITAL OR ADDRESS OR L	SPITAL OR INSTITUTIO	ON, GIVE STREET	Md.	To INICIA	2634		
	Ashington	Nursing	Balto.	D. INSI	YES 2 NO		
90 Home			E. STREET AND NUMBER	Ners LA	ne		
S. SEX 6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdgy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
Femile White	WIDOWED	DIVORCED [10-12-1881	82yks			
10A. USUAL OCCUPATION (Give kind of dane during most of working life, even if refin		ISINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	ign country)	12. CITIZEN OF WHAT COUNTRY?		
unknown			Balto md		USA		
13. FATHER'S NAME	111	,	14. MOTHER'S MAIDEN NAM				
15, Was Degrased Ever in U. S. Armed	solds brou	SOCIAL	CAROLINE		ADDRESS		
(Yes, no or unknown) (If yes, give wor or	dotes of service)	SECURITY NO.	01		1 2 2.0		
18. / /	2	15-18-0654F	t		APPROXIMATE INTERVAL		
DISEASE OR CONDITION	DIRECTLY	ARTERI	OSCHEROTIC	1	BETWEEN ONSET AND DEATH		
LEADING TO DEA	TH	(A)IMMEDIATE CAL	ISE HEART	DISTAS			
(This does not meon the made heart failure, asthenia, etc. It me	eans the disease,	DUE TO, OR, AS	ON CONSEQUENCE OF:		413 le		
ANTECEDENT CAL		1/=	ROITIS	1/REMIA			
DISEASES OR CONDITIONS,		(B). DUE TO, OR AS	A CONSEQUENCE OF:	0/00/11/1	************		
rise to the above cause UNDERLYING CONDITION last	(A) stating the	(c) SENO	ERANZED TI	RTELLOSCHER	20513		
_ 11		0 21	1				
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED		SENIL	E DIABETE	55 MELLI	TUS		
DISEASE OR CONDITION GIVEN IN 19A, DATE OF OPERATION 19B.	CONDITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED		
E ()	PERFORMED		NO	IN CERTIFYING CAL	JSES OF DEATH?		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. PL. home, etc.)	ACE OF INJURY (e.g., i form, foctory, street, o	n ar obout 21C. WHERE DID flice bldg., INJURY OCCUR?	(If in Boltimore	: City, give exoct location)		
OF INJURY		JURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?			
(APPROX.)	While	At Work		1.6			
22. I certify that (this has	oital) attended the	deceased from / 7			NOVEMBER 1969.		
	_	_		ot in(my) (our) apir	nian death accurred on the date		
ond haur and from the causes	stated above. (1)	We) (did) (did not)	iew the bady ofter death.		loop BATE SIGNED		
23A. SIGNATURE	Staff	23B, DATE SIGNED					
43C.PHYSICIAN'S	good		Med. Director 23D. ADDRESS	Staff Phys.	F11101 61		
PASC. PHYSICIAM'S NAME (Type) Richard	Tyson, M			w Place, B	oltio Wi		
24A. BURIAL CREMATION, 24B. DAT		E of CEMETERY OF CR	EMATORY 24D. L		y, town, or county) (Stote)		
REMOVAL (Specify)	1861-7	nh Cal	ven				
25A. DATE REC'D IN HEALTH SEPT	DER MAME OF	REGISTRAR	25C. FUNERAL PIRECTOR	Inc/	ADDRESS		
DFC T 1303 700000	C. Brosen Syc	900	all the	2 led Ith	Mille / Sator		
VS 150-REV. 1/1/6B							



IMPORTANT DIRECTOR: FUNERAL

969 YES -KON If Under 1 Y& If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? U.S ADDRESS HOSPITAL RECORDS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimore City, give exact location) and that In() (aur) apinion death accurred on the date 23B DATE SIGNED (City, town, or county) ADDRES

the same of the same Parties of the state of militaria mente de la compansión de la c Por

This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deoth shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined couse; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendonce on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

6	3-56	0	0.0			BALTIMO	ORE CITY	HEALTH	DEPARTMEN	T			69	11771	
100		4	69	11	771	CERT	FICA	TE C	F DEATI	H)	REG.	NO	00	TT//T	
	TH NO.	EASED									HOUR OF	DEATH			
(Ty	pe or Print)	SC	MERS.	EAR	L	MELVIN			1				9691	3.11	5 P.,
3.	PLACE IN BAL	TIMORE, MA	RYLAND, W	HERE PRO	NOUN	ICED DEAD		4. USU	AL RESIDENCE	Where	deceosed I			idence before od	mission)
FU	LL NAME OF	(IF NOT	IN HOSPITA	AL OR INS	דוודוד	ION, GIVE ST	DEET .	A. STAT	RYLAND	OUNT	BALTI	MORE			20
HC	SPITAL OR	ADDRES	S OR LOCA	TION)		,				t.	Dennis		E CITY LIA	AITS?	99
	1							XX	MXXXXXXXX	-		1	YES 🗌	NO 🗌	
	400	T ACNE	S HOS	DITA					ET AND NUMBI						
_	1 3							1	723 SUT		AVEN				
5. 5	EX	6. RACE		7- MARRI	ED K	NEVER MARI	RIED 🗌	8. DATE	OF BIRTH	9.10	. AGE (in y	eors	If Under Months!	1 Yr. If Under	24 Hrs.
	TALE	WHITE		WIDOW		DIVOR		03	15 14		55				
don	USUAL OCCL during most of v	JPATION (Give working life, eve	kind of work in if retired)	10B, KIND	OF B	USINESS OR II	NDUSTRY	II. BIRTI	PLACE (State or	foreig	in contril)		12. CITIZ	N OF WHAT C	DUNTRY?
		SPECTO		KAIS	ER	ALUMIN	MUN	MAF	RYLAND				lυ	SA	
13.	FATHER'S NAM	ΛE						14. MO1	HER'S MAIDEN	NAM	\E				
F	ARL E	SOMERS						MAF	Y DERHA	A N1					
15.	Was Deceased L, no or unknown)	Fuer la II C	Annad Fore	es?	, 1	6. SOCIAL		7. INFO		414				ADDRESS	
1161	NO.	ur yes, give	wor or gores	or servic		SECURITY N 218-09-0		СТ	ACMEC I	250	ODDC	DALTO	MD	01000	
	18.	0.1				CAUSE O			AGNES F	KEU	UKUS-	BALIC) MD	21229	TEDV AT
	410	E OF CONE	ITION DID	ECTI V		07.000	/	7	a .				В	TWEEN ONSET AN	
	1 210674	LEADING TO	DEATH	COILI				- X	Man Ve	* 1 0	Repl	mla	-SE	~ 3U	VKO
	This does no	at meon the	mode of	dying, e	.9.,		DIATE CAUS		DUENCE OF:		(0	1			\supseteq
	hearl failure, injury at cam	plicalian whi	ch caused	ine disea death,)	se,					0,	. 4	Y	1		
	A	NTECEDEN	CAUSES			181.			a de	_	An	N.		Z21	X
	DISEASES O	R CONDITI	ONS, if a	ny, givi	ina	(8)	O, OR AS	A CONS	QUENCE OF:		/\				
	rise to the UNDERLYING	above co	use (A)												
	ONDERLING		N lost.			(c)								******	
Z	OTHER SIGNIFI	IL CANTCONDI	TIÓNS CON	ITDIRI ITIN	G								f		
Ĕ	TO THE DEATH DISEASE OR CO	H RIIT NOT DE	LATED TO TH	E TERMINI	AL	************			***************************************						
FIG	19A. DATE OF	OPERATION	19B CONE	NTION FO	R WH	ICH OPERATIO	N	20A.	AUTOPSY? (Yes o	r No	208. IF YES	WERE FIN	IDINGS (CONSIDERED	
CERTIFICATION	0		WAS PERFO	DKMED					NO	_ 1	IN CERTIFY	ING CAUS	ES OF D	EATH?	
- 1	21A, ACCIDEN OR CONTRIBU	TING TICAL	ERLYING T		21B, PL	ACE OF INJU	RY (e.g., in	or about	21 C. WHERE DI	D 97	(IF 1s	Boltimore (City, give	exact location)	
MEDICAL	DEATH (notify	medical exam	lned		eic.)	raing rociony,	2000	ee blogg	INJURY OCCUP	n.a					
03	21 D. TIME OF INJURY	(Month) (Do	y) (Yeorl	(Hour)	EL IN	JURY OCCUP	RRED		21F. HOW DID	INJU	RY OCCUR	?			
٤	(APPROX)				While Work	At 🗌	Not While At Work	П							
	22. I certify	abox (làdab)	- handtall					VEME	ER 3		60	MOVEN	RER	76	
	that M) (we)	land course	naspital)	diffende	N C	VEMBER	26		(0		09 ta				7
	31-verificating *										f in (my)_(our) apinio	on death	accurred on t	he date
	and have and 23A. SIGNATU	from the co	uses state	ed abave	- ()) (Me) (q1q) (q1	(d)⟨n)¢(t) vi	ew the	bady after dea	th.					
	23/4 31013/4701	NE S	D	0		21	Atten	ding [7]	Med.	-	and pro-	2	3B, DATE	SIGNED	
	200 01111111111	0-1X	moral	10	~) (I) DEC	Phys.		Director L	P	hoff hys.			126/0	8
	23C. PHYSICIAI NAME (Ty	pel					2	D. ADD	RESS						
	R	AYMONE		HR			DEGREE	ST A	GNES HO	OSP	. CAT	ON &	WILE	ENS AVE	
24A	REMOVAL (S	AATION, 24B pecify)	DATE	24C	MAN,	E of CEMETER	RY or CREA	MATORY			CATION	(City.	town, or	county) (Stote)
I	Buria1		1-29-1	.969 M	[ead	owridge	Cemet	ery	W	ash	ington	Blvd.	. How	ard Co.,	Md.
25 A	CY RESID	HEACTH O	3.H30	25B/NAM	FX 2	REGISTRAR			UNERAL DIREC					ADDRESS	
JL	OT 19	03 500	-	G	me Z	9 O		How	ard H. H	lubb	ard, 4	107 Wi	ilken	s Ave. 2	L229
VS	150-REV. 1/1/6	8													

Bellin and the second of the s and the contract of the second second second second second second second second second second second second se

RGB

if death occurred in a hospital and ect or contributing cause of death 4) Undetermined cause; (5) Deceased was in regular attendance on the the deceased prior to death. Such position is made.	E 1 () 1 (
the direkind; (4 death	100
Also, if the of any nounced attendan lmed or filmed or filmed	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. (1)	and the state of t

L	L-415	69 1	1772	CERTIFICA			REG. NO	69	11772
1. N	AME OF DECEASED	iano Vare	la Cart	agena			v. 26, 1969		17.10 A
3. P	LACE IN BALTIMORE,				4. USUAL RES	IDENCE (When	e deceased lived. If ins		11:10 A M. sidence before odmission)
HO	L NAME OF (IF I SPITAL OR ADI TITUTION	NOT IN HOSPITAI DRESS OR LOCAT	L OR INSTITU ION)	TION, GIVE STREET	C. CITY OR TO	York wn klyn	D. INSI	DE CITY LIV	
B 1	JS Public Hes		ice Hos	pital	E. STREET AN	-	treet	TES &	NO [
5. S					B. DATE OF BI		9. AGE (In years	If Under	1 Yr., If Under 24 Hrs.
10A.	M Pue	to ican Give kind of work 1	WIDOWED	DIVORCED BUSINESS OR INDUSTRY	2/1/2	28	lost birthday) 41 gn country)	Months 12. CITIZ	EN OF WHAT COUNTRY?
	own store								USA
13. F	TATHER'S NAME ? Fr	ancisco V	arela		14. MOTHER'S	Hermini			
5. V	Vas Deceased Ever in U	J. S. Armed Force	s?	1 6. SOCIAL	17. INFORMAN				ADDRESS
_	res USA	1951-1		None	Records	- US PH	S Hospital,	Balto	, Md.
	LEADING (This does not meon heart failure, asthenia, injury or complication	elc. II means to which caused of DENT CAUSES DITIONS, if or couse (A)	dying, e.g., he disease, lealh.)	(A) IMMEDIATE CAU DUE TO, OR AS (B) DUE TO, OR AS (C)	A CONSEQUENC	CE OF:			Weeks
ATIC	OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION 19 A. DATE OF OPERATION	OT RELATED TO THE N GIVEN IN PART	TERMINAL 1 (A).	HICH OPERATION		cytoma	208. IF YES, WERE F	INDINGS	
ERTIFIC	22	WAS PERFO		VALCE OF EXAMON		res	IN CERTIFYING CAL	JSES OF D	DEATH?
U	21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	CAUSE OF	21 8. hometc.)	PLACE OF INJURY (e.g., is e, form, foctory, street, of	n or obout 21 C. V fice bldg., INJUI	WHERE DID RY OCCUR?	(If in Boltimore	City, give	exoct locotion
MEDI	21 D. TIME (Month) OF INJURY (APPROX.)	(Doy) (Yeor)		INJURY OCCURRED Not While At Work	• 🗖	OW DID INJ	URY OCCUR?		
	that (V (we) lost so	w the deceased	attended th	e deceosed from	Aug. 9	ond th	of in (my) (our) apir		h occurred an the date
	23A. SIGNATURE	0 4 1	m a					23 B. DAT	ESIGNED
	Jamuel,	1) Ward,	11. D.	DEGREE Phys	nding 23D. ADDRESS	Med. Director	Staff Phys.	11/	26/69
	Samuel P. V	Vard. Sur	geon (R	1		Hospit	al Balto, N	Md.	
24A I	BURIAL CREMATION, REMOVAL (Specify) BUTIAL		24C. NA	ME of CEMETERY of CRE icipal Cemete			ocation (Cit ada, Poerto	ry, town, o	r county) (Stote)
25A	EC 1 1969	THE DEPT.	SE NAME O	F REGISTRAR	Howard	AL DIRECTOR H. Hub Wilkens	bard Funeral Ave. Baltim	l Home	e Inc. aryland 21229

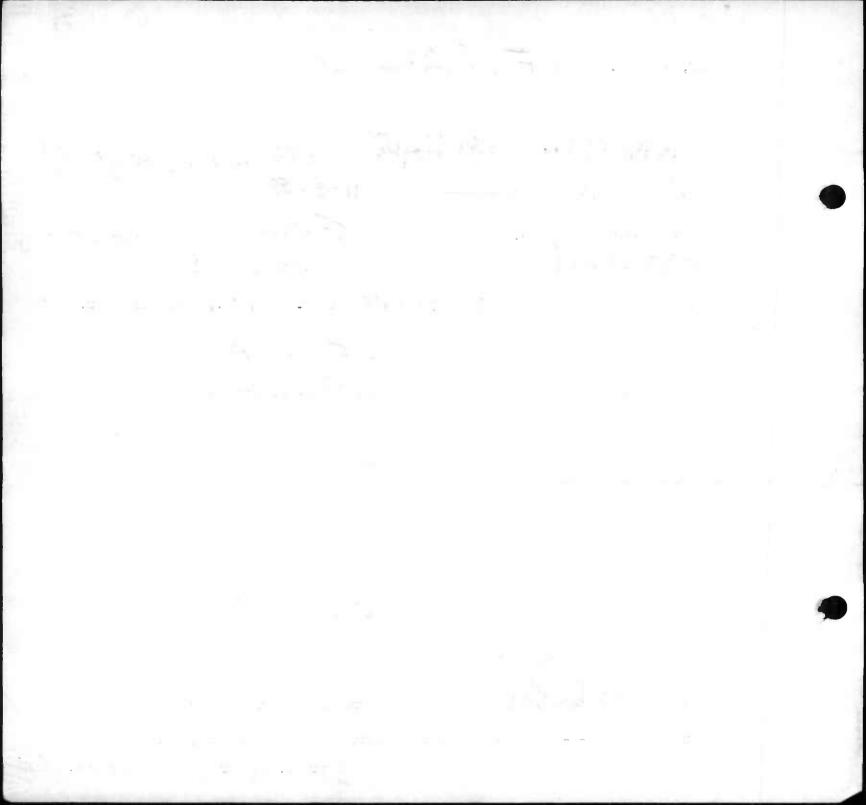
deatl deatl sease on the	Ц
de de Sr	н
- 0 2 5 .	
0 6 0 5	╟
T O O o I	II
5)	
A C C C	I
0 0 0 0	ļ
T + C - C - C - C - C - C - C - C - C - C	ľ
: g a t io	il
9 - D - d e	l
ra e p	
m mirrie	ľ
oc min	L
T 0 = 1 = 0 =	L
# - A - B : B : B : B	ľ
8 - 1 S - 1 S	-
h be c	ľ
i = 2	1
E 29 7 60	
a e e n	ľ
유부자교등등	l
SE POPL	ľ
is and one	l
4 Starte	l
PASSE	l
F - 3 0 F B	Į
프 은 한 교육년	l
E-F - DD	l
2 4 4 0 0	l
9 X @ > = 5	l
= = = = = = = = = = = = = = = = = = =	l
מיי מיי מיי מיי מיי מיי	ı
Bin E E S ≯ E	L
ESOCES	
* - >	
E Sie	
A MA MA	
	13
マニの ミロや	
tall	
by the pital straight of the pital straight	
ad by the lospital I ature; (2 pt where (6) No p ned before	
wed by the hospital I nature; (2 cept where d (6) No p ained before	
broved by the he hospital I by nature; (2 except where and (6) No p btained befo	
pproved by the topital any nature; (2 (except where ; and (6) No per potation)	
papproved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased al (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the be obtained before the remains are embalmed or final disposition is made.	
be approved by the ad to the hospital l at of any nature; (2 sital (except where ath); and (6) No p at be obtained befo	
st be approved by the ased to the hospital lent of any nature; (2 spital (except where death); and (6) No p	
leased to the hospital leased to the hospital lident of any nature; (2 hospital (except where o death); and (6) No p	
must be approved by the released to the hospital lacident of any nature; (2 a hospital (except where r to death); and (6) No p	
ite must be approved by the streleased to the hospital In accident of any nature; (2 at a hospital (except where ior to death); and (6) No proval must be obtained before	
icate must be approved by the was released to the hospital I An accident of any nature; (2 L at a hospital (except where prior to death); and (6) No p proval must be obtained before	
rificate must be approved by the y was released to the hospital [1] An accident of any nature; (2) A. at a hospital (except where d prior to death); and (6) No papproval must be obtained before	2
ertificate must be approved by the ody was released to the hospital it. (1) An accident of any nature; (2) A. at a hospital (except where sed prior to death); and (6) No pur approval must be obtained before	2
certificate must be approved by the body was released to the hospital ws: (1) An accident of any nature; (2 D.O.A. at a hospital (except where eased prior to death); and (6) No piten approval must be obtained before	2
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	2

10A. USUAL OCCUPATION (Give kind at work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlate ar foreign caunity) RET I RED	Me
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) S. SEX G. RACE YES TO SEX HOSPITAL S. SEX G. RACE WHITE WIDOWED DIVORCED OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlata ar foreign country! PENNA UNIVERSAME JAMES MC CANN 15. Wes Deceased Ever in U. S. Armed Forces? (respin or unknown) [if yes, give war or dales of service] DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, asthenia, etc., fir means the disease, injury or camplicolion which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION Isst. III. STREET AND NUMBER HARMON NURS ING HOME -WATE S. DATE OF BIRTH OB / OZ / 93 B. J. AGE (In years if U. S. AGE (In years) IF UNDERLYING CONDITION IS A AGE (In years) IF UNDERLYING CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION Isst. (CITY OR TOWN E LKRIDGE YES DISEASE OR LOCATION) BALT IMORE CCITY OR TOWN E LKRIDGE YES DIVISION OR TOWN E LKRIDGE YES DIVISIDE CITY IN ARRIVED DIVISION OR AS A CONSEQUENCE OF: 11 ARMON NURS IN ACCITY IN ARRIVED DIVISION OR AS A CONSEQUENCE OF: 12 ACCITY OR TOWN E LKRIDGE YES DIVISION OR AS A CONSEQUENCE OF: 15 UNDERLYING CONDITION Isst. (A) MMEDIATE CAUSE DUE 10, OR AS A CONSEQUENCE OF:	residence befare admission
MARYLAND BALT MORE	5300
ST. AGNES HOSPITAL E. STREET AND NUMBER HARMON NURSING HOME -WATE S. SEX 6. RACE WHITE WIDOWED DIVORCED 06/02/93 104. USUAL OCCUPATION (Give kind al wark) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) RETIRED HOUSEWIFE 13. FATHER'S NAME JAMES MC CANN 15. Was Deceased Ever In U. S. Armed Faices? (Yes, no ar unknown) (If yes, give wor or doles of service) NONE 16. SOCIAL SECURITY NO. ST. AGNES HOSPITAL RECORDS 17. INFORMANT ST. AGNES HOSPITAL RECORDS (A) IMMEDIATE CAUSE DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the UNDERLYING CONDITION last. (C) DUE 10, OR AS A CONSEQUENCE OF: DUE 10, OR AS A CONSEQUENCE OF: DUE 10, OR AS A CONSEQUENCE OF:	LIMITS?
S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years leaf. Maniha 10. Mani	,
10A, USUAL OCCUPATION (Give kind at work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) RETIRED_ HOUSEWIFE 12. CITY PENNA 13. FATHER'S NAME JAMES MC CANN 15. Was Deceased Ever In U. S. Armed Farces? (Yes, na ar unknown) (If yes, give wor or dales of service) NONE 18. I CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart failuse, asthenic, etc., if means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the UNDERLYING CONDITION last. (C) 10. UNINTEDITATE (State or foreign country) PENNA 14. MOTHER'S MAIDEN NAME UNKNOWN 17. INFORMANT ST. AGNES HOSPITAL RECORDS CAUSE OF DEATH (A) IMMEDIATE CAUSE DUE 10, OR AS A CONSEQUENCE OF: DUE 10, OR AS A CONSEQUENCE OF: (C)	or 1 Yr. Il Under 24 Hrs. Min.
13. FATHER'S NAME JAMES MC CANN 15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) (If yes, give wor or dales of service) NONE 16. SOCIAL SECURITY NO. ST. AGNES HOSPITAL RECORDS 18. CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart failuse, asthenio, etc., it means the disease, injury or camplicotion which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the UNDERLYING CONDITION last. (C)	IZEN OF WHAT COUNTRY?
15. Was Deceased Ever In U. S. Armed Farces? (Yes, no at unknown) (If yes, give wor or dates of service) NONE 18. CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart faiture, asthenio, etc. it means the disease, injury or camplicotion which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the UNDERLYING CONDITION last. (C) 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO. (A) (A) (A) (B) (B) (C) (C)	
16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18.	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenio, etc. it means the disease, injury or camplicotion which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the UNDERLYING CONDITION last. (A) IMMEDIATE CAUSE (B) DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: (C)	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failuse, asthenia, etc. it means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the UNDERLYING CONDITION last. (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: (C)	
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failuse, asthenia, etc. it means the disease, injury or camplicotion which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the UNDERLYING CONDITION last. (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
heart totius, asliento, etc. it means the disease, injury or camplicotion which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the UNDERLYING CONDITION last. (B) DUE 10, OR AS A CONSEQUENCE OF: (C)	-3 Ac > "
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving nise to the obave cause (A) stating the UNDERLYING CONDITION last. (B)	
UNDERLYING CONDITION last. (C)	2016 -
UNDERLYING CONDITION last. (C)	7 7
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199A-DATE OF OPERATION 199B-DATE OF OPERATION 199B-DA	ertra
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED DEATH?
OR CONTRIBUTING CAUSE OF home, factory, street office bldg., INJURY OCCUR?	'e exact lacation)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED White At Not While CAPROX.) At Work At Work	
22. 1 certify that (1) (this hospital) attended the deceased from NOVEMBER 2/ 1969 to NOVEMBE	R 28 19 69
that (i) (we) last saw the deceased alive an NOVEMBER 28 1969 and that in(my) (our) apinian deal	th occurred on the date
and haur and from the couses stated above. (1) (We) (did) (did not) view the body ofter death.	TE SIGNED
Allerdia my Mad my citi	8/69
23C. PHYSICIAM'S NAME (Type) C RATLIFF M.D. 23D. ADDRESS 4605 EDMONDSON AVE BALTO.M	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, o	or caunty) (State)
Burial 11-29-69 Loudon Park Cemetery Baltimore, Maryland	
25A. DATE RECO BY HEALTH DERE 3 281, NAME OF REGISTRAR 125C. FUNERAL DIRECTOR Howard H. Hubbard 4107 Wilkens VS 150-REV. 1/1/68	ADDRESS s Ave. 21229

0.0

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	1	501-1			BALTIMORE CITY	HEALTH DEPART	MENT	60 44 111114
	BIRTI	No.	69 117	774	CERTIFICA	TE OF DE	ATH Registered No.	09 11//4
	1. N	AME OF DECEASED	11 0	-	2001		DATE AND HOUR OF DEATH	2 0
	HÖ	PF, CARL SR	HOPH.	, (MAR	L_SR	11-27-19	69 1 6,80 pm.
	3. P	LACE OF DEATH IN	BALTIMORE, MARYLAND			4. USUAL RESIDE	NCE (Where deceased lived. II, i	
		ULL NAME OF	If not in hospital or instit	ution, give s	treet	N	10 denth	neum (2 = 00
		OSPITAL OR 0 NSTITUTION	ddress or location)			C. CITY OR TOWN	4 1 17 31	RURAL ond give township)
2	1	11007	WITH	Cas	111 1	D. STREET ADDRE	SS (If rurol, give location)	4
	10	-KHN	1/ 57 10	>4	Hosm	4	17 Maden	ghey Road
3	5. \$1	M	Wit	lowed over	ORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday) 80	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		ÚSUAL OCCUPATION during most of working li	(Give kind of work 10B, KI)	ND OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE (St	lote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
2		Store Keepe		1f Emp	loyed	00	Timany	XXXXXXXXXXXX
3	13. F	ATHERS NAME				14. MOTHER'S MA	IDEN NAME	Germany
		Con	Lac (Hop	f		Barl	bara (Unknown)	
	15. V (Yes,	Vas Deceased Ever in ,no or unknown) (ff yes,	U. S. Armed Forces? give wor or dotes of se		OCIAL ECURITY NO.	17. INFORMANT		ADDRESS
		No		21	3 20 56	10 Carl J	. Hopf, Jr., 102	1 Circle Dr. 21227
		18.436.	91		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
3		DISEASE OR C	ONDITION DIRECTLY					
		(This does not mean	n the made of dying,		(A) DUE TO		ViA	
3			a, etc. It means the di n which coused death.)			- 10	0	
		ANTECE	DENT CAUSES		(B)	A UNIZO	- selloso	
0			NDITIONS, if any,					
2		UNDERLYING CONI	e cause (A) stating DITION last,	the	(C)			
5	_		11					
5	ERTIFICATION	TO THE DEATH	CONDITIONS CONTRIL	O THE				11
D	CA	19A. DATE OF OPERAT	TION 198. CONDITION		H OPERATION	20A. AUTOPSY?	(Yes or No) 20B, IF YES, WERE	FINDINGS CONSIDERED
	RTIF	0	WAS PERFORMED				IN CERTIFYING CA	AUSES OF DEATH?
5	At C	21 A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	CAUSE OF	21 B. PLAC home, for etc.)	E OF INJURY (e.g., i m, foctory, street, o	n or obout 21 C. WHE ffrce bldg., INJURY O	RE DID (If in Boltimo	re City, give exact location)
3	DIC) (Doy) (Yeor) (Hour	21E. INJU	RY OCCURRED	21 F. HOW	DID INJURY OCCUR?	
ĺ		OF INJURY (APPROX)		While At	Not While			
5		22. I certify that (I') (this haspital) atter				19 69 to	II-2Z 1962.
,		that (1) (we) last so	w the deceased aliv	e an	(-27-	1962		inian death accurred an the date
3	1		he causes stated abo					
3		23A. SIGNATURE	4000	1.		,		23B, DATE SIGNED
		By?	MAD KIN	U	M.D. Atte	ending Med s. Dire	ctor Stoff Phys.	
		23C. PHYSICIAN'S NAME (Type)	-08			23 D. ADDRESS		
2		Onis	Schribe	1	M.D.	Franklin	Square Hospital	
3	24A.	BURIAL CREMATION REMOVAL (Specify)	1, 248, DATE	4C. NAME	F CEMETERY of CRI			City, town, or county) (State)
		Burial	12-1-69		n Park Cem		Baltimore, M	aryland
	25A.	DATE REC'D BY HEA	CTH DEN. E SEB	AMERICA	DISTRAR	25C. FUNERAL		ADDRESS 21220
	II.	P T 1909		1	900	Howard	Hoppard 410/	Wilkens Ave. 21229
	V S 1	150-REV. 1/1/65						



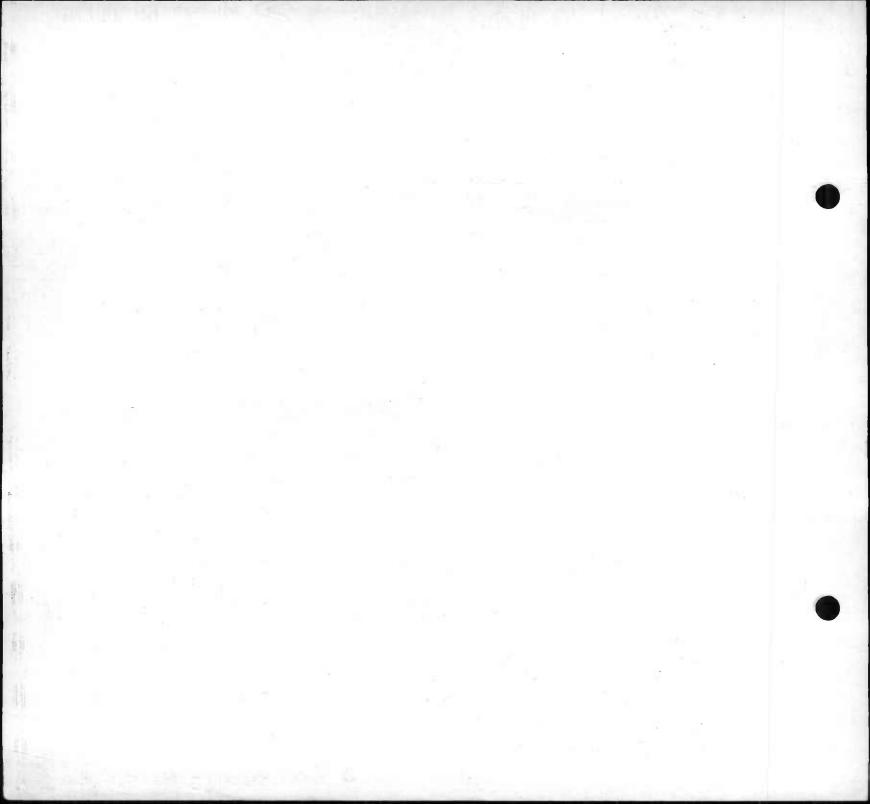
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	H-160 69 11 MORE CITY HEALTH DEPARTMENT 69 11 MORE CITY HEALTH DEPARTMENT
	BIRTH NO. 69 11775 CERTIFICATE OF DEATH REG. NO. 69 11775
	(Type or Print) 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET C.CITX OR TOWN D. INSIDE CITY LIMITS?
	37 MERCY HOSP. E. STREET AND NUMBER 407 N. Charles St.
	S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in yeors left under 1 Yr., If Under 24 Hrs., Months Doys Hours Min.,
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Paper hanger
	13. FATHER'S NAME
	5. Was Decessed Ever in U. S. Armed Ferces 16. SOCIAL SECURITY NO. 219-03-6061
	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH (This does not mean the made at dying, e.g., heart foilure, asthenio, etc. It means the disease,
	injury or camplication which caused death.) ANTECEDENT CAUSES
	DISEASES OR CONDITIONS, II any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (B) Lubal haus haus haus haus haus haus haus haus
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 11 23 66 12 CONDITION FOR WHICH OPERATION WAS PERFORMED 12 CONSIDERED 13 CONTRIBUTING 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 14 CONTRIBUTING 19 CONTRIBUTION 19 CONTRIBUT
	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work
	22. I certify that (1) (this hospital) attended the deceased from 17 (0) 19 ta 1907
	that (1) (we) last saw the deceased alive an 1/24/69 19 and that in (my) (ever) opinion death accurred an the date
	and haur and fram the causes stated above. (i) (We) (did) (did not) view the bady after death.
	Attending Med. Stoff X 238, DATE SIGNED
	NAME (Type) KARL F. MEDI, JR. MERCY HOSPITAL
2	4A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY of CREMATORY 24D. LOCATION (City. town, or county) (State)
IL	Burial 11-28-1969 New Cathedral Cemetery Baltimore, Maryland
	DEC 1 969 Wm. Cook-Brooks Towson 1050 York Rd. 21204
A	S 150-REV. 1/1/68

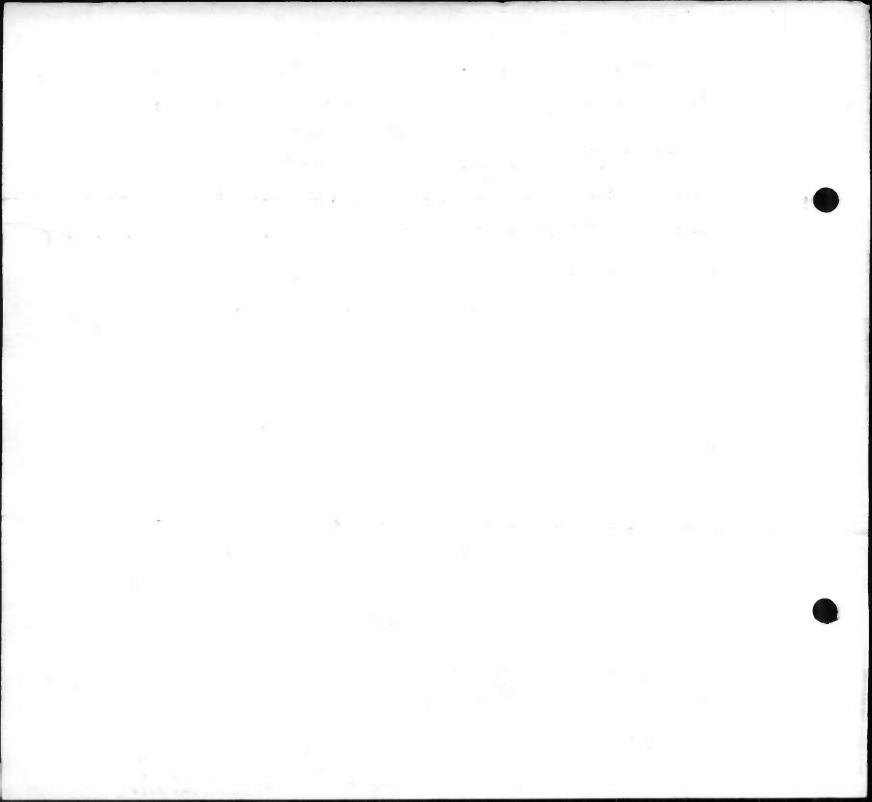
- V - V 2 -

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

T-1110 69 11776	BALTIMORE CITY	HEALTH DEPARTMENT 69 11776
FIRTH NO.	CERTIFICA	TE OF DEATH REG. NO.
1. NAME OF DECEASED OVER HY NE		2. DATE AND HOUR OF DEATH
(Type or print) DOROTHY 1.	HULP	November 27, 1969) P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION HOSPITAL OR ADDRESS OR LOCATION)	ON, GIVE STREET	N.C 1-30
INSTITUTION		C. CITY OR TOWN D. INSIDE CITY LIMITS?
9 Gould Dursing Hon	n e	E. STREET AND NUMBER
616 Belai Rond		2004 Heademy Street
5. SEX 6. RACE 7. MARRIED 1	NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 Hrs.
Female CHUCASIAN WIDOWED	DIVERCED	3 4-1894 lost birthdoy Months Doys Hours Min.
IDA, USUAL OCCUPATION (Give kind of work 108, KIND OF BU	ISINESS OR INDUSTRE	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	2	NORTH Carolina U) H
13. FATHER'S NAME		
Ransome -		Charity letree
15. Was Deceased Ever in U. S. Armed Forces? 16	SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	11 Winston Salem
		HAYWORTH -Miller Junual Home N.C.
18.410.91	CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		(host has is de to -
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	0	
ANTECEDENT CAUSES	11.5	· 1 - C · · · · · · · · · · · ·
	(B) CUE TO OR AS	A CONSEQUENCE OF:
DISEASES OR CONDITIONS, if only, giving rise to the obove couse (A) stoting the	DUE TO, OR AS	A CONSEQUENCE OF:
UNDERLYING CONDITION lost.	(c)	
11	mulhist	a Stondardores of Shir defeting
Z	De Mil	Diff her en
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL J DISEASE OR CONDITION GIVEN IN PART 1 (A).	To a house	white milyh she grofts
U 194 DATE OF OPERATION 198 CONDITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED		IN CENTING CAUSES OF DEATH.
1 U 21A, ACCIDENT WAS UNDERLYING 218, PL	ACE OF INJURY (e.g., i farm, foctory, street, o	in or about 21C. WHERE DID (If in Boltimore City, give exact location) INJURY OCCUR?
	JURY OCCURRED	21F. HOW DID INJURY OCCUR?
S OF INJURY		
(APPROX.) Work	At Work	
22. I certify that (I) (this haspital) attended the	deceosed from	10/18/1969 to 11/2/1965,
that (1) (we) last saw the deceased alive an		12619 69 and that in (my) (com) opinion death occurred on the date
ond hour and from the causes stated above. (1) (4	(aid not) (23B. DATE SIGNED
23A. SIGNATURE	Atte	ending Med. Shaff
Whis O Durchy	DEGREE	Director Phys. 1/28/89
23C. PHYSICIAN'S NAME (Type) ALBERT B. BRADLEY,		4900 BELAIR ROAD 21206
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	DEGREE E of CEMETERY OF CR	
REMOVAL (Specify)	11	1.1 Comp, town, or control
	od land	Winston Jalam N.C.
25A. DATE REC'D BY HEALTH DEPT.	REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS York.
MEAT 1902 Among	all, U	1 W - KOOP WHOTES 10WAM PAD
VS 150-REV. 1/1/6B		and.



	5-530 69 11777 BALTIMORE CIT	Y HEALTH DEPARTMENT 69 11777
2005	5-530 69 11777 CERTIFICA	ATE OF DEATH REG. NO
pital and of death Deceased te on the ath. Such	I. NAME OF DECEASED (Type or Print) Smith, Joseph, I., Sr.	2. DATE AND HOUR OF DEATH 11/25/69 @ 5;20am
ita of th.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institutions residence before admission) A. STATE B. COUNTY
hos se (5) an de	FULL NAME OF HOSDITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland Baltanore/city/ 2854
in a cau cause; attend	National Property of the Prope	City Baltimore D. INSIDE CITY LIMITS?
in in in in	Saint Agnes Hospital	E. STREET AND NUMBER
de.	Caton Ave Balto., Md.	5103 Woodside Road
ccurritrip min gulo sed mac	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (in years If Under 1 Ys. 11 Under 24 Hrs. Months; Doys Hours; Min.
occount nrm reg asc asc	Male White WIDOWED DIVORCED	7/10/03
or condete	done during most of working life, even if retired) Linknown Pharmacis Morgan Millard Drug	11. BIRTHPLACE (Stole or foreign country) Towson, Md. 12. CITIZEN OF WHAT COUNTRY? U. S. A.
d S e S	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
irect (4) (4) w w r the lispo	Clinton Lee Smith	Anna T. Hines
stant ne di ind; eath e on	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
the the kir de de	No 212-07-5675	Mrs. Barbara G. Smith-5103Woodside
if if iny ed	18. CAUSE OF DEAT	H I APPROXIMATE INTERVAL
4,0 m	DISEASE OR CONDITION DIRECTLY	SETWEEN ONSET AND DEATH
Als e o anti-	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CAL	USE of Chong myo car duin A CONSEQUENCE OF:
er.	heart lailure, asthenia, etc. Il means the disease,	a cute MI in 2 yrs)
E 0 5E		Court in Egos)
Xamire e	ANTECEDENT CAUSES	A CONSEQUENCE OF:
OXO W L	II I lie and the course (M) stating the	A CONSEQUENCE OF:
la con single si	UNDERLYING CONDITION last. (C)	
medical medical burns; physicic an was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
me me y b ph ph is	S DISEASE OR CONDITION GIVEN IN PART I (A).	100 A
by a r 2) Body re the physicie	19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
(2) ph	On CONTRIBUTION OF THE PARTY OF	n or obout 21C. WHERE DID (If in Boltimore City, give exect location)
× 6 4 2 9	DEATH (notify medical examiner) etc.) Home	5103 Woodside road
- 4 - 6	OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	(APPROX) 11 25 69 1:30 While At Work	° 🗆
prov the f ny n exce and obtai	22. I certify that (1) (this hospital) attended the deceased fram	august 1967 to now 25 19 69
to to of a of a of a of a of a of a of a	that (1) (we) last saw the deceased alive an	19 69 and that In(my) (aur) apinion death accurred an the date
	and have and from the causes stated above. (i) (We) (did) (did not) v	lew the bady after death.
ust be assed dent ospit deat must	23A. SIGNATURE	23& DATE SIGNED
교육 구 등 등 교	Physical Phy	
was r An a L at prior	23C. PHYSIC AN'S NAME (Type)	23 D. ADDRESS
-	LUGENIO E BENITEZ M) DEGREE	3350 WIKENS AVE Ba 1/2 21229
body was ws: (1) An D.O.A. at eased pric	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	
	Burial 11/28/69 New Cathedral	Cemetery Baltimore, Maryland
This certithe body shows: (1) was D.O. deceased written a	DEC 1 1969 CHEALTH DEPT. TERMED OF DEGISTRAR	25C. FUNERAL DIRECTOR Sterling Tuneral Estate ADDRESS 736 Edmondson Ave.
	VS 150-REV. 1/1/68	Catonsville, Md. 21228



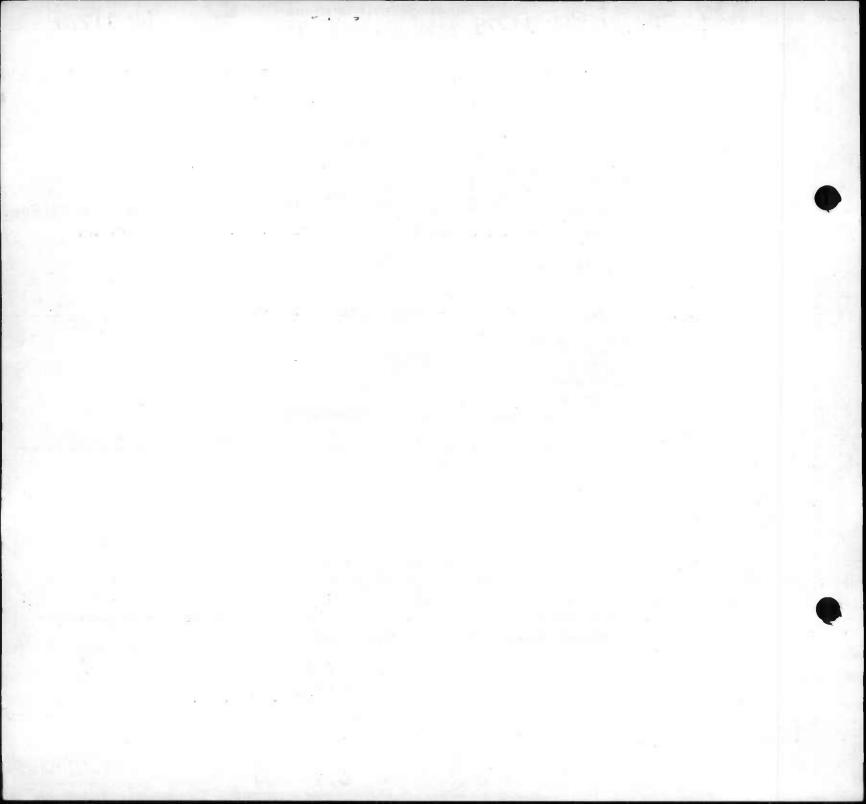
the day	
dec dec dec seas	
of of Dec	
se se (5)	
nac.	
aus aus or	
por de de de de de de de de de de de de de	
ribe ribe ula ula	
oct ontro or reg reg	
det de in in ion	
dec Un as	H
# 6.€ > ‡ d	
ath ath	l
the the kir de ina	I
if if it is and it is a second in it is a second	lÌ
his so, of of unc ten	
Pa Se E	I
ner.	
mir mir fre ho egu	
3) X B	
e approved by the chief medical examiner or his assistant if death occurred to the hospital by a medical examiner. Also, if the direct or contributi of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined tal (except where the physician who pronounced death was in regular th); and (6) No physician was in regular attendance on the deceased price obtained before the remains are embalmed or final disposition is made.	
dic dic	
F E Y E E E E E E E E E E E E E E E E E	
Sod Sod	
by 2) E phy fore	
N P P P P P P P P P P P P P P P P P P P	
d b posp tur (6)	
ove na co na ind (
th th ex op	
15 de 16 de	
spirent spirent	I
ho ot	l
This cortificate must be approved by the chief medical examiner or his assistant if death ofturred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
A. A. pr	
T 0 0 0 0	
itte	
Shark Shark	

1	V-420 69 117	APPLICA.	HEALTH DEPARTMENT TE OF DEATH REG. NO.	69 11778
1.1	NAME OF DECEASED		2 DATE AND HOUR OF DEA	ATH
	VALEGGIE M		NOVEMBER 25	1969 I 10:22 R.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where decoosed lived, A. STATE B. COUNTY	Il institution: residence below admission)
FU	ILL NAME OF (IF NOT IN HOSPITAL OR I	INSTITUTION, GIVE STREET	MARYLAND	2534
III	STITUTION ADDRESS OF LOCATION)			INSIDE CITY LIMITS?
	40 ST AGNES HOSPI	TAL	BALTIMORE E. STREET AND NUMBER	YES NO
5.	SEX 6. RACE 7. AAAE	RRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	Il Under 1 Ye . Il Under 24 Hrs.
IIF		WED DIVORCED DIVORCED	11 22 97 lost birthday 72	Months Days Hours Min.
104	A. USUAL OCCUPATION (Give kind of work 10B, KIP) ne during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE	Home	RUSSIA	USA
13.	FATHER'S NAME	1101110	14. MOTHER'S MAIDEN NAME	0 3 A
	FREDERICK PUHLMANN		LOUIS WIEDENMEYER	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or datas of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City Indiana	ST AGNES HOSP, RECOR	RDS-BALTO MD 21229
	18.202.2	CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Dr p: ta. 1.	BETWEEN CHISET AND DEATH
	(This does not mean the made of dying.	e.g., (A) IMMEDIATE CAU	ISE PERITONITIS	***************************************
	heart failure, asthonia, etc. It means the dis injury or complication which caused death.)	ease,		
	ANTECEDENT CAUSES	Perti	FORATED ILEUM	<u> </u>
	DISEASES OR CONDITIONS, if any, g	Italia por 10º ok va	A CONSEQUENCE OF:	*****************
	nso to the above cause (A) stoling UNDERLYING CONDITION last.	the (c) MALIC	TNANT LYMPHOMA 1	NHEST NE
	11			
OF DE	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI	ING		
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	(20A. ALITOPSY? (Yes, or Noll) 20R IE Ver We	DE EINONGS CONCIDENS
CERTIFICATION	WAS PERFORMED HOLLOL	RUNTURED.	20A AUTOPSY? (Yos On No.) 208. IF YES, WE	CAUSES OF DEATH?
	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., ir home, farm, foctory, street, ol	or about 21 C. WHERE DID IIf in Rolt	imore City, give exact lacotion)
3	DEATH (notify medical examined	olc.)	NO STORY INCOME.	
MEDI	21 D-TIME (Month) (Doy) (Year) (Houd	The state of the s	21F. HOW DID INJURY OCCUR?	
>	(APPROX.)	While At At Work	' 🗆 🕴	
3	22. I certify that (1) (this hospital) attend	ded the deceased from NO	VEMBER / 19 69 10 NOV	EMBER 25 19 69
	that (1) (we) last saw the deceased alive		19 69 and that In(my) (aur)	opinion death occurred an the date
	and have and from the causes stated above	ve. XI) (We) (dtd) (did Xot) vi	lew the bady after death.	
	23A. SIGNATURE	4.4.	alle en Mal en en en	23B. DATE SIGNED
	M. Cabiling	DEGREE Phys		11/25/69
	23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS	
244	M CABILING	DEGREE	ST AGNES HOSPITAL W	ILKENS & CATON AVES
	KEMOVAL (Specily)	C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) (Stote)
254	Burial 11/29/60	Cedar Hill	Cemetery Baltimo	ore, Maryland
-	EC 1 1969 See E 255 NA	5. O	25C. FUNERAL DIRECTOR Gonce	4001 Ritchie Hgy.
VS	150-REV- 1/1/68		Beltimore,	Md. 21225

W 1,41 - 11 27 - 77 15-47 - Pathistel - - -

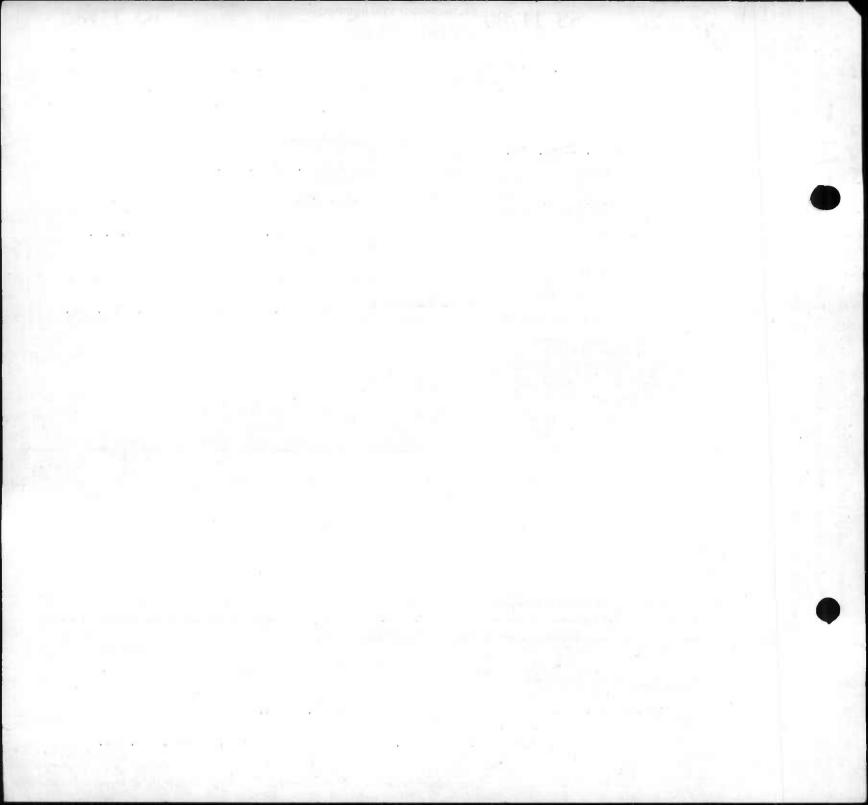
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
).O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the ised prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

12>	BALTIMORE CITY	HEALTH DEPARTMENT		CO AARINO
D-530 69 117	779 CERTIFICA	TE OF DEATH	REG. NO	69 11779
1.NAME OF DECEASED (Type or Print) Charles R. Bennett		2. DATE AI	5/1969	11.55 A.M. M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROFULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)		A. STATE 8. COUN	ere deceased lived. If in	nstitution: residence before odmission)
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION 836 Wellington St.		C. CITY OR TOWN Baltimore E. STREET AND NUMBER	D. INS	YES X NO .
00		836 Wellin		
Male White WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH April 26,1892	9, AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min,
10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if retired) Truck Driver U.	S.Governent	Grayson Co.		U.S.A.
13. FATHER'S NAME Haywood Bennett		14. MOTHER'S MAIDEN NA	ME 冰水	
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknawn) (If yes, give war or dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	5227	ADDRESS
W.W. I. Navy 111-38-7	2 220-22-0028 CAUSE OF DEATI	Ethel S. Benn	ett 836	Wellington St.
UNDERLYING CONDITION Iosi. II OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI	(c)			
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED U 21A. A CCIDENT WAS UNDERLYING	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	a) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	21B. PLACE OF INJURY (e.g., i hame, form, factory, street, of etc.)	n or about 21 C. WHERE DID INJURY OCCUR?	(If In Baltimo	re City, give exoct location)
21 D. TIME (Manth) (Day) (Year) (Haur) OF INJURY (A PPROX.)	21E. INJURY OCCURRED While At Nat While Wark Nat Wark		JURY OCCUR?	
22. I certify that (I) (this hospital) attend that (I) (wa) last sow the deceased alive			1969 ta hot in(my) (abs.) op	NOV, 25 19 69.
ond hour ond from the causes stated above 23A. SIGNATURE				23B, DATE SIGNED
Readen GARAMA-	DEGREE Phy		Staff Phys.	11/26/69
23C. PHYSICIAN'S NAME (Type) Reuben Hoff.		23D. ADDRESS 846 W. 3	6th. St.	
24A. BURIAL CREMATION, 24B. DATE 24B. DATE 11-28-69	Ballimore)	shoud 240.	Baltmore	City, town, ar county) (State)
DEC 1 1969 CONT. E 201 N	ME OF PROISTRAR	256 FUNERAL DIRECTO	Seits 81.	4×36 th St.
VS 150-REV. 1/1/68		4 4-16	0	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
body was re ws: (1) An ac D.O.A. at a eased prior I
This how

7			00 4450	BALTIMORE CITY	HEALTH DEPARTMENT		69 11780
+	-602	_	69 1178	CERTIFICA	TE OF DEATH	REG. NO	00 11/00
	TH NO.	FASED				ND HOUR OF DEATH	
	oe or Print)		a L. Frank	lin		24-1969	12/15-69 7 4
3. I	PLACE IN BAL		YLAND, WHERE PRO	_	4. USUAL RESIDENCE (Whe	ere deceased lived. If i	institution: residence before admission)
					A. STATE B. COUN	111	1306
HC	SPITAL OR	(IF NOT I	IN HOSPITAL OR IN S OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	lo IN	SIDE CITY LIMITS?
INS	NOITUTITE					0. 114.	YES NO
		520 W.	33rd. St.		E. STREET AND NUMBER		110 00 110 00
	00	020 II.	cord. Du.		520 W. 33rd	St.	
S. S	EX	6. RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs. Months! Doys Hours Min.
Tr.	emale	White			/-19-1894	lost birthdoy)	Months Doys Hours Min.
				OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
don	e during most of	working life, eve	n if retired)		Va.		U.S.A.
12	FATHER'S NA	wife		Home	14. MOTHER'S MAIDEN NA	AA F	0.5.A.
13.	LAINER 3 NA	VIL			I WOTHER S MAIDEN NA		
		shua Woo				Wors	
15. ' (Ye:	Wos Deceosed s, no or unknown	Ever in U.S. (If yes, give	Armed Forces? wor or dotes of servi	ce) 16. SOCIAL SECURITY NO.	17. INFORM ANT		ADDRESS
	No			215-09-3853	Arthur H. F	ranklin 52	0 W.33rd. st.
	1B	91		CAUSE OF DEAT	4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEA		ITION DIRECTLY		77		
	4 * 1.:1	LEADING TO		(A) IMMEDIATE CAL	SE CONORMY Th	rombosis	sulden
	heort foilure,	osthenio, etc.	mode of dying, . II meons the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
	injury or complication which coused death.)						6
		ANTE CEDENT	CAUSES	(B)	mary sclars		Jans.
			ONS, if ony, gi- ouse (A) stoling		A CONSEQUENCE OF:		
		G CONDITION		(C)	***************************************		
		- 11					
NO			TIONS CONTRIBUTI				
ATI	DISEASE OR C	ONDITION GIV	LATED TO THE TERMIN				
CERTIFICATION	19A. DATE OF	OPERATION	198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED AUSES OF DEATH?
ERT	0			John St. Co. Co. Williams	To alone waters but	25 . 2 . 10	
	OR CONTRIBI	NT WAS UND	SE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exoct locotion)
CA	DEATH (notify	medical exam	in er)	etc.)			
MEDICAL	21 D. TIME OF INJURY	(Month) (Do	oy) (Yeor) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
>	(APPROX.)			While At Not While Work At Work			
	22. I certify	that (1) (this	s hospital) attend	ed the deceosed fram	12-8	1956 to	NOV. 25 1969.
			e deceased alive				Inian death accurred an the dote
	and hour an	d from the co	uses stated abov	e. (I) (We) (did) (did not) v			
	23A. SIGNAT			, (, (, (, (23 B. DATE SIGNED
		Render	Conton		nding Med.	Staff	11-25-69
	23C. PHYSICIA		100	DEGREE Phy	23D. ADDRESS	Phys.	
	NAME (1	[ype]					
244	Reu		offman	DEGREE C. NAME of CEMETERY OF CR	846 W. 36St.	LOCATION (City, town, or county) (State)
247	REMOVAL		24	C. HANGE OF CENTERENT OF CRI			To the second
	Burial		1/28,1969	Poplar Cem.		rren, Balto	. Co. Ma.
254	DEC 1	10CO	25B NA	ME OF REGISTRAR	250 FUNERAL DIRECTO	11. + 91	47367
_	DEO T	1202 4	ACRE AL AGO	OCC THE	1 June 1.X	very o'	1 21 0 0 11
VS	150-REV. 1/1/	68				7	



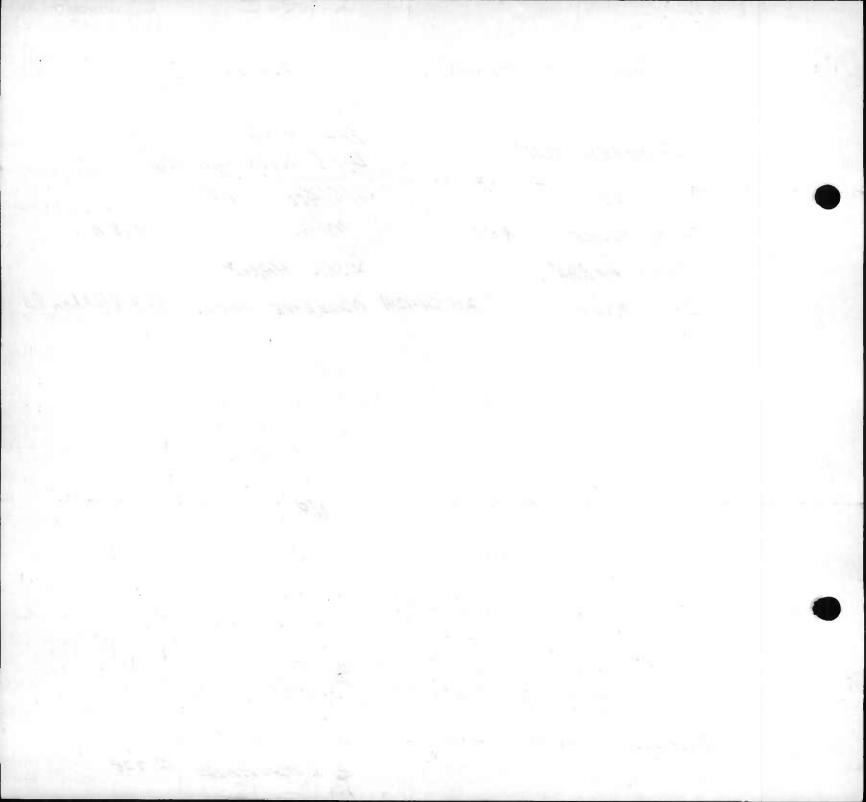
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	Y HEALTH DEPARTMENT 69 11701
5-536 69 11781 CERTIFICA	ATE OF DEATH
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) Sounders-Inis, Genevieve	H. 11-27-69 6:25 9. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, II institution; residence before admission) A. STATE B. COUNTY
	1307
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
INSTITUTION	Battingore YES D NO]
9, Keswick	E. STREET AND NUMBER
	700 W. Hoth STreet
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
T. WIDOWED DIVORCED	9-15-14 lost birthdoyl Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	
dane during most of working life, even if retired)	Baltimore-Ind. 7.5.a.
Secretary Peabody Ins.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Walter Kughes, Sr.	1771 Der Riley ADDRESS
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
218-09-5265	Rachel C. Gilsson-17.7- Keswick-
118. CAUSE OF DEA	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	Septicemia 24 hours
(This does not mean the mode of dying, e.g., DUETO, OR A	S A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	0 1 1:1:
ANTECEDENT CAUSES	Pyelonephritis 6 months
(B)	AS A CONSEQUENCE OF:
rise to the obove couse (A) stoting the	
UNDERLYING CONDITION lost. (C)	
z II m /	1.1 2/2016 25
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	tiple sclerosis 25 years
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20 A. AUTOPSY? (Yes or Nol) 20 B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED U 27A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	, in or obout 21 C. WHERE DID (If in Boltimore City, give exect location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street,	office bldg., INJURY OCCUR?
	OUT HOW DID MILLION OF GUIDS
21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not W	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not W	rk 🔲
22. I certify that (N) (this hospital) attended the deceased fram	12/20/57 19 10 1/27/69 19
that (0 (we) last saw the deceased alive an 11/27/6	
and haur and from the causes stated obave. (f) (We) (did) (did not)	23B, DATE SIGNED
1.181 - (Inil. A	Hending Med. Staff V
Workers, Jr. DEGREE P	hys. Director Phys, 7 // 20/09
23C. PHYSICIAN'S NAME (Type) // P	23D. ADDRESS 21211 M. O.
W.D. Daniels, Vr.	1 Keswick, Jallemore 2/211, 111d.
	REMATORY 24D. LOCATION (City, town, or county) (State)
Burial Nov. 29, 1969 Loudon Park C	em. Balto. Md.
25A. DATE REC'D RY HEALTH DEPT	25C. FUNERAL DIRECTOR Balto. Md. 21229 DDRESS
DEC 1 1969 Jabers en Jane 19 1	G. Truman Schwab &x 5151 Balto. National Pike

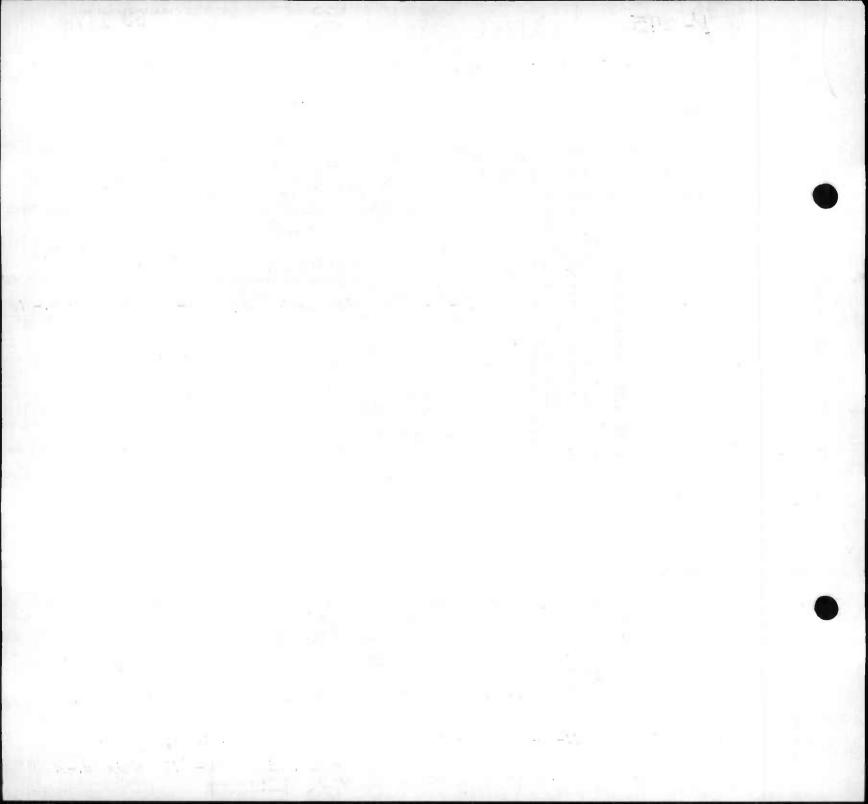
Winter Windress So

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

		HEALTH DEPARTMENT
	H-650 69 11782 CERTIFICA	TE OF DEATH REG. NO. 69 11782
	BIRTH NO. 1. NAME OF DECEASED	
	(Type or Print)	2. DATE AND HOUR OF DEATH
	3, PLACE IN SALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived it institution: residence before admission)
	of the property of the propert	A. STATE 8. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	16
	INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO
	40 ST. AGNES. HOSP	P STREET AND NUMBER
. 1	FU 31- 1761/ES. 17631-	Uni (Willt-Hom Dd
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 Hrs.
mad	WIDOWED DIVORCED	2/6/16na lost birthdoy Months Doys Hours Min.
15	10A. USUAL OCCUPATION (Give kind of work 10 & KIND OF BUSINESS OR INDUSTRY	11. BIRTAPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
osition	done during most of working life, even if retired)	MASS. U.S.a.
SI	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
spo	Davin 114 and	Succes March
<u> </u>	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
8	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
=	YES WW/ 216 24-1241	MADELINE HORAN 418. Wickhan Rd.
0	18. 410, 9 1 CAUSE OF DEATH	BETWEEN ONSET AND DEATH
ed	DISEASE ON CONDITION DIRECTLY LEADING TO DEATH	My vendral infanction
	(This does not mean the made of dying, e.g., (A) IMMEDIATE CAUS	SE TO CONSEQUENCE OF:
palm	hearl failure, asthenio, etc. It meons the disease, injury ar camplication which coused death.)	
E	ANTECEDENT CAUSES	6(41)
0	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
0	rise In the obave couse (A) stoling the UNDERLYING CONDITION lost.	
the remains	UNDERLYING CONDITION lost. (C)	
Ĕ	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	S. Johnson
- 1	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	- myray save
th.	U 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
before	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	or chart 21C WHERE DID
efo	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) OR CONTRIBUTING CAUSE OF home, form, foctory, street, off	or about 21 C. WHERE DID (If in Sollimore City, give exact location) ice bldg. INJURY OCCUR?
	<u>D</u>	215 HOLL BLD MILLON DOLLAR
ained	S OF INJURY	21F. HOW DID INJURY OCCUR?
	Work At Work	+11n/19 11/25/19
obt	22. certify that (1) (this hospital) attended the decrosed from	19 ta 1 20/0/19,
pe	that (1) (we) loss sow the deceased alive on 10 25	19ond that in(my) (our) opinian death occurred on the date
	one hour and from the gauses stated above. (1) (We) (did) (did not) vi	ew the body ofter deoth.
must	23A. SIGNATURE	iding Med. Shaff
	GEGREE Phys.	Director Phys. L
approval	23d Physions DO MIDS	325 Hopetal Drin Sut 201
bb	J. 13. 17 MILE _ GEGREE	The Surviv (W) 2/00/
	24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREE	
ter	BURIAL 11/28/69 BALTO. NATIO	NAC BALTO Md_
written	25A. DATE REC'D RY HEALTH DEAT.	2SC. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS 21228
3	DECT 1909 Seesas 4 12 12 1	1 45 4 MARANALB 21228
	VS 150~REV. 1/1/68	



1 /	BALTIMORE CITY HEA	
0 -	7-245 69 11783 CERTIFICATE	OF DEATH REG. NO. 69 11783
S (T	1. NAME OF DECEASED (Type of Print) PASQUALONE ANTHONY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	2. DATE AND HOUR OF DEATH NOVEMBER 25, 1969 5.30 P. N. STUAL RESIDENCE (Where deceased lived, If institution: residence before admission
deat	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND On town On the property of the prop
e.	1 LTI I NII NI MIE MANDINI ILAS DITTAI	BALTIMORE YES NO NO NO STREET AND NUMBER 5405 CEDELLA AVENUE
E	MALE WHITE WIDOWED DIVORCED 0	8-25-17 9. AGE (In years lost birthday) Solution 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
5 d	310110203	MARYLAND U.S.A.
. 13	LIBERO PASQUALONE	CARMELLA MASTROPAUL
1.5 (Y	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	NISS Amelia Pasqualone-5405 (edella Ave21
ains are embalmea	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (B) CONGEST DUE TO, OR AS A CO	HOUTE PULMONARY edema INSEQUENCE OF: IC HEART DISEASE
rem	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (e.g., in or or	0A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
3	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office be DEATH (notify medical examiner)	bout 21C. WHERE DID (If in Boltimore City, give exect location)
B	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work	21F. HOW DID INJURY OCCUR?
pe opt		19 69 and that in (my) (aur) apinion death accurred on the da
al must	and haur and fram the causes stated abave. (1) (We) (did) (did nat) view to 23A. SIGNATURE My Karacuschant Degree Phys.	23B, DATE SIGNED
pprov	23C. PHYSICIAN'S NAME (Type Miguel KARACUSCHANSKY MD) DEGREE	UNION MEMORIAL HOSPITAL
D L 2	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMAT 11-27-69 Holy Redeemer Ceme 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2	etery Baltimore, Mryland
Mritter (EC 1 1969 Robert E. February 9 0 0	John (. Miller Inc-0+15 Belair Rd21206



IMPORTANT DIRECTOR: FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT 69 11784 CERTIFICATE OF DEATH REG. NO. (4) Undetermined cause; (5) Deceased was in regular attendance on the Such hospital and of death I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 24 death. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY A. STATE cause **FULL NAME OF** (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OF TOWN D. INSIDE CITY LIMITS 9 0 YES = prior E. STREET AND NUMBER contributing occurred disposition is made regular B. DATE OF BIRTH 5 EX 9. AGE (In If Under 1 Yr. Months! Doys · MARRIED NEVER MARRIED deceased lost birthday Monthsi 0-WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? out of frocking life, Men if retired) death done during m Was 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME direct assistant death O 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL or final SECURITY NO. (Yes, no or unknown) (If yes, give wor or dotes of service) attendance 220-54-679 any CAUSE OF DEATH pronounced BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This does not mean the made of dying, e.g., heart failure, osthenio, etc. It means the disease, examiner aminer. regular injury or complication which caused death.) ANTECEDENT CAUSES who are CONSEQUENCE DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) stoling the physician before the remains UNDERLYING CONDITION lost. chief medical medical burns; MOS 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20 A. AUTOPSY/ (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED the O WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? the 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exect (7) where the hospital °Z MEDICAL DEATH (notily medical examiner) nature; by obtained 9 (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY approved (except While At Not While (APPROX.) and Work At Work any 22. I certify that NQ (this hospital) attended the deceased from pe that (1) (we) last saw the deceased alive on 19 ond that in (my) (por) opinion death occurred an the date death) of hospital and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death. must accident was release 23A. SIGNATURE 23B, DATE SIGNED This certificate must Attending Med Staff 9 written approval Phys. Director O 23 C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior to d DEGREE 24A. BURIAL CREMATION, CEMETERY OF CREMATORY 24R. DATI 24D. LOCATION deceased (City, town, or county) the body was D.O. REMOVAL (Specify) 125B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR shows: Burial 25A. DATE REC'D BY HEALTH DEPT. John . Miller Inc-6415 Belair Road-21206 VS 150-REV. 1/1/68

NO

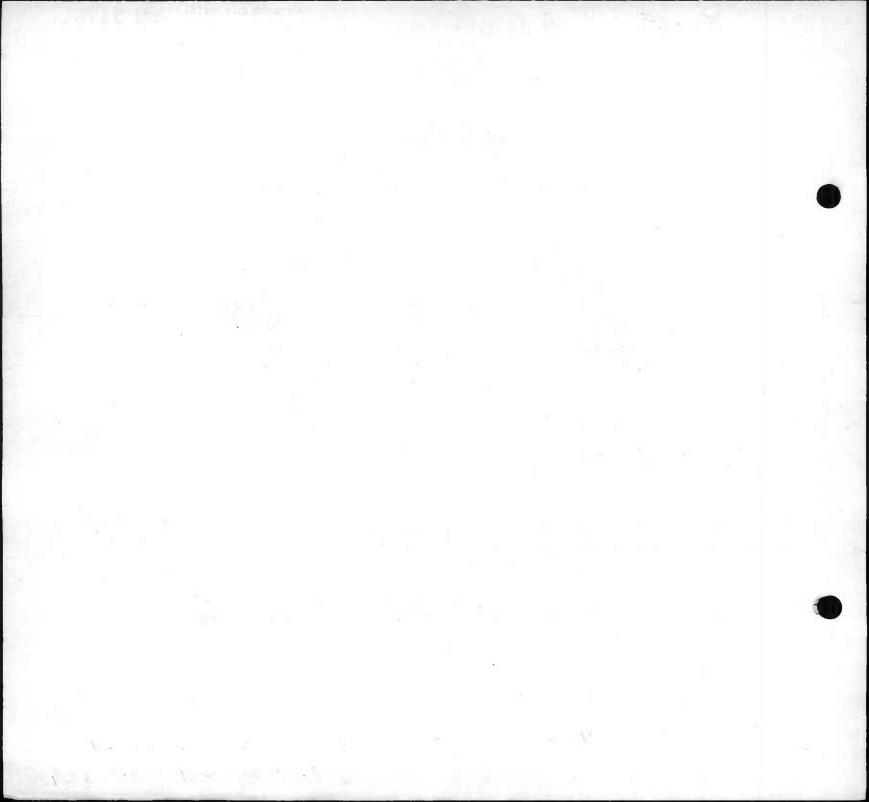
Hours

APPROXIMATE INTERVAL

Meation

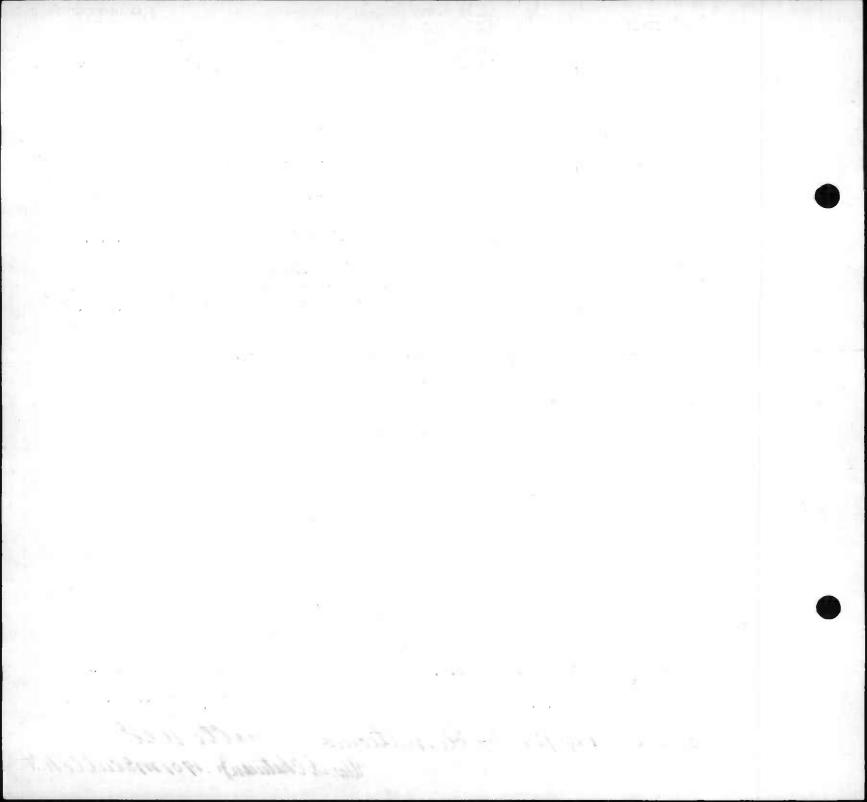
(Stote)

If Under 24 Hrs. Hours Min.



		-6:
he seed		TH NO.
S	(Тур	e or Print)
approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased al (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.	3, 1	PLACE IN I
sp e c nce e d	611	LL NIABAE .
dan dan dan dan dan dan dan dan dan dan	HC INS	LL NAME
ca ca use ten ten		0 1
a ca	3	43
de de de	5 6	FV
rib gut ad a	5. 5	E 4
ocont orn orn orn orn sas	IOA	usual o
th in ece	don	during mos
or or Jnd is id	12	CHAUF!
w w he	13.	Leslie
dir dir dis	16.1	Wos Deceo
sta ind ind al	(Yes	, no or unkn
ssis that A	Y	es
s a if ind any ced		18.
So of of of of of of		/ DIS
A e o E E		(This doe
er. ctu pro		heorf fails injury or
fra o o o o em		
wh wh		DISEASES
(3) ex		rise fo
ical tal 18,		
odio odio ouri ysi	O	OTHER SIG
y by phipping	TAT	DISEASE C
hie od sic sic	TIFI	19A. DATE
by By	CER	21 A. ACC
al (2) (2) (2) (2)	MEDICAL CERTIFICATION	OR CONT
d Kreit	음	21 D. TIME
pt atu	A.	(APPROX.)
ov n n nd		
du th		22, 1 cert
of of of to be		that (1) (
must be celeased to cident of hospital to death)		ond hour 23A. StGN.
hos d		F
a a l		23C. PHYSI NAM
ficate must be a was released to An accident of A. at a hospital prior to death)		NAM
ific V W 1) A d p d p	24A	BURIAL (
This certificate must be the body was released the bows: (1) An accident owas D.O.A. at a hospita deceased prior to death written approval must the		REMOVA
his cert he body hows: (i ras D.O ecease	25A	DAJE RE
Thi the sho wa de	DE	C 1

-	00 44	Marian P	BALTIMORE CITY	HEALTH DEPARTMENT		69 11785
BIR	-630 69 11	785	CERTIFICA	TE OF DEATH	REG. NO	00 11/00
	BYRD, WILLIS	EDW.	ARD		and hour of death lbe r 27, 196	9 6:00 A M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOL	JNCED DEAD	4. USUAL RESIDENCE (WILL A. STATE B. COL	nere deceased lived, if in	stitution: residence before admission)
ll Ho	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITU	JTION, GIVE STREET	Maryland	D. INSI	DE CITY LIMITS?
,	Veterans Administ 3900 Loch Raven B		on Hospital	Baltimore E. STREET AND NUMBER		YES 🔀 NO 🗌
3	Baltimore, Maryla		1218	3805 Cedardale	Road	
5. 5	SEX 6. RACE 7. MA	ARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		OWED[5-22-05	64	
	USUAL OCCUPATION (Give kind of work 10 B, K e during most of working life, even if retired)	IND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	ATT A TERRORISM	Unkn	own	Virginia		U.S.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N.	AME	
	Leslie Byrd			Irene Green		
15. (Ye	Wos Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of s	ervice)	1 6. SOCIAL SECURITY NO.	17. INFORMANT Re	cords	ADDRESS
	es 8-19-50 To 4-7		215-09-91-82			Balto., Md. 21218
	DISEASE OR CONDITION DIRECTL LEADING TO DEATH		CAUSE OF DEATH	1		APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
	(This does not mean the mode of dying heart failure, asthenia, etc. It means the dinjury or complication which caused death	iseose,	DUE TO, OR AS	se <u>Matastasis Ca</u> consequence of: Carcinoma Sign		
	ANTECEDENT CAUSES		40)			
	DISEASES OR CONDITIONS, if ony,	giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the obove couse (A) static UNDERLYING CONDITION last.	ig the		sclerosis Gene	ralized	1 Year
	11		(0/			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBI TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A)	MINAL				
ERTIFICA	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMI	Y FOR V	WHICH OPERATION	NO	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. hom etc.)	e, form, factory, street, of	or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimor	e City, give exoct location
MEDI	21D.TIME (Month) (Doy) (Yeor) (Hot OF INJURY		INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
		Woi			-/5	
	22. I certify that (1) (this hospital) atte	nded ti	he deceased from	tober 9,	19 69toNove	mber 27 19.69 .
	that (1) (we) lost sow the deceased ali					nion deoth occurred on the dote
	and hour and from the couses stated of	ove. N	(We) (did) (31/31/36/31)[v	iew the body ofter deoth	16	Took DAYS CLONED
	23A. SIGNATURE		Atte	nding Med.	Staff	23B, DATE SIGNED
	23C. PHYSICIANS	7	M.D. DEGREE Phys		Phys.	11-27-69
	Rifat Abousy M.D.			3900 Loch Rav	en Blvd Balt	co., Md. 21218
24/	A. BURIAL CREMATION, 248. DATE	24C. N	AME of CEMETERY of CRE	MATORY 24D.	LOCATION (Ci	ty, town, or county) (Stote)
	REMOVAL (Specity)	12	of for MAT	inera 1	selto. 11	'ed
25/ DE	C 1 1969 HEAVIN DEVI. 2	JAME C	P REGISTRAR	25C. FUNERAL DIRECTO	Junp-1701	maculloh &.
VS	150-REV. 1/1/6B	-		100	V	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. VS 150-REV. 1/1/6B

-	0	0 445%	BALTIMORE CITY	HEALTH DEPARTMENT		CO 44500
BIR	Y-200	9 1178	CERTIFICA	TE OF DEATH	REG. NO.	69 11786
	AME OF DECEASED			2. DATE AN	ID HOUR OF DEATH	2 20
Clyp	e or Print) ROSS, LI	527/R		NOVE	mb2R27,19	768 1023 AM.
3. 1	LACE IN BALTIMORE, MARYLAN	D, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (When A. STATE B. COUN		ution: residence before admission)
HC	LL NAME OF (IF NOT IN HESPITAL OR ADDRESS OR	OSPITAL OR IN LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
KC	Eswick			E. STREET AND NUMBER		ES NO
/	1		/			(I) () V ((I) - I - O(I) -
5. 5	EX 6. RACE	7. MARR	IED IAEAEK WINKKIED	8. DATE OF BIRTH	9. AGE (In years I last birthday)	f Under 1 Yr. If Under 24 Hrs. Annths Days Hours Min.
	USUAL OCCUPATION (Give kind o		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	2. CITIZEN OF WHAT COUNTRY?
dan	during mast of working lite, even if re	lired)		Roll - D.	· Md	
13	FATHER'S NAME			BALTIMORE 14. MOTHER'S MAIDEN NAI	MF	
13.	2 01 1	\supset				
	ChARIES X	025		CORNELIA .	Spedder)
15.	Was Deceased Ever in U. S. Armo	d Farces?	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
110.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		815-50-7483	Elizabeth X	His com DN	Him - 2.
-	18 3 4 3		CAUSE OF DEATH		And And	APPROXIMATE INTERVAL
	DISEASE OR CONDITIO	N. DIRECTIV	0.1002 01 02.11			BETWEEN ONSET AND DEATH
	LEADING TO DE			se Septice	in f	36 hours
	(This daes not mean the mad		e.g., DUE TO OR AS	A CONSEQUENCE OF:	VN I CC	0 - // - // -
	heart failure, asthenia, etc. 11 n		ose,	1 0-	-001:	- 10
			Chron	a injection;	right hip	3 months
	ANTECEDENT CA		(B)	7	foint	
	DISEASES OR CONDITIONS,		the ·	A CONSEQUENCE OF:	- 0	For both
	UNDERLYING CONDITION las		(c) Pas	tic Paraph	egla	ITOM DITTA
						
TION	OTHER SIGNIFICANT CONDITION	S CONTRIBUTI	NG			
AŢ	TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN I		VAL			
U	19A. DATE OF OPERATION 19B.	CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN	DINGS CONSIDERED
ERTIF	O WA	S PERFORMED			IN CERTIFIING CAUSI	S OF DEATH!
CE	21A. ACCIDENT WAS UNDERLY. OR CONTRIBUTING CAUSE O	ING 🗌	21 B. PLACE OF INJURY (e.g., i	n or about 21C. WHERE DID	(If in Boltimare C	City, give exoct lacotion)
AL	DEATH (notify medical examiner)	F	hame, farm, factory, street, of etc.)	nce bldg., INJURT OCCUR?		
U	21 D. TIME (Manth) (Day)	(Year) (Haur)	21E, INJURY OCCURRED	21F. HOW DID INJ	ILLEY OCCUP?	
MEDI	OF INJURY	(100)	While At Not While		oki occok.	
	(APPROX.)		Work At Wark			1
	22. I certify that 🎒 (this has	spital) attend	ed the deceased from	3/22/61	19 to ///	22/69 19 ,
	that ((we) last saw the dec	ceased alive	on 11/27/69	19ond th	111111	on death accurred an the date
	and haur and from the couse:	s stated abov	e. (f) (We) (did) (did nat) v	iew the hady after death.		
	23A. SIGNATURE	Λ	or go, (ii o) (ara) (arasis) .		2	B. DATE SIGNED
	11 m 11 -11	11		nding Med.	Staff D	11/28/69
	W Browell,	h. //	DEGREE Phy		Physical	11/20/01
	23C. PHYSICIAN'S	1 . 1	Tno	23D. ADDRESS	Q DA.	manan
	W.D. Ja	niets,	Un MIH	Heswick,	dollenow,	111a, 2/211
244	BURIAL CREMATION, 248. DA		C. NAME of CEMETERY or CRI		OCATION (City,	town, or county) (State)
	Burial (Specify) 11-2	9-69	Mt. Olivet Cemet	ery	Balto. Md.	7
254	DATE RECIPEN THEAT THE DERT	C BAR NA	ME DE DEGISTRAR	25C. FUNERAL DIRECTO	R' /- / /	DORESS
Û	CT 1202 1/2 Berg	0	2 0 0 0 0	Wim Los IN	Crev 8x1	no salla sua.
		1	0 / 0		. 001	

Worm of the time to Seno lead to 1800

PIDTI	-563 69	11787 CERTIFICA	TE OF DEATH /	REG. NO. 69 117	01
1. NA	ME OF DECEASED		2. DATE AND	HOUR OF DEATH	28/
	LIOKENGE FEOM			deceosed lived. If institution; residence	hotora admission)
3. PL	ACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	A. STATE B. COUNTY		Octore outhission/
HOS	L NAME OF (IF NOT IN HOSPITA PITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CITY LIMITS?	27
114.21	KEUCIRCLE HOS	PICE	HAVRE dE GRI		NO X
9	1214 Eutaw Place	' La la la la la la la la la la la la la la	E. STREET AND NUMBER	0.17 - 0.00	
5. SE	Baltimore, Ma rylan			AGE (In years If Under 1 Yr.	If Hadas 24 Has
J. JE	F WILLITE	7. MARRIED X NEVER MARRIED DIVORCED DIVORCED	4/1/1900	st birthday) Months Doys	If Under 24 Hrs. Hours Min.
		10B. KIND OF BUSINESS OR INDUSTRY			WHAT COUNTRY
	during most of working life, even if retired) ShoE FACTORY	SAME	CHURCHUILLE	, md. U.S.A	7.
	ATHER'S NAME	1	14. MOTHER'S MAIDEN NAM		
	WINNIE 6	REENLAND	MARY	BAKER	
15. W (Yes.	ras Deceased Ever in U.S. Armed Force no or unknown) (If yes, give wor or dote:	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT 628	OSEPH LEONARD	JE GRACE, 1
	NO NO	215-22-8003 E		OSEPH LEONARD	
	CThis does not mean the mode of heart foilure, ostherio, etc. It means injury or camplicotion which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if a	dying, e.g., the disease, deoth.)	ulas cli se	ose	о съ
	rise to the above couse (A) UNDERLYING CONDITION last.	sloting the Otatels (C)	A CONSEQUENCE OF	y charek	70
	- 11		***************************************		
ATIC	OTHER SIGNIFICANT CONDITIONS COTTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PARTICIPATION OF THE DISEASE OF CONDITION GIVEN IN PARTICIPATION OF THE DISEASE OF CONDITION OF THE DISEASE OF CONDITION OF THE DISEASE OF CONDITION OF THE DISEASE	HE TERMINAL (A).	120 A AUTODEY (Yes et Na)	208 IE VEC WERE ENDINGS CONS	DEDED
CATIC	OTHER SIGNIFICANT CONDITIONS COT TO THE DEATH BUT NOT RELATED TO TH	HE TERMINAL T) (A). DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDINGS CONSI	DERED
AL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS COT TO THE DEATH BUT NOT RELATED TO TH DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 1798. CON	HE TERMINAL () (A). DITION FOR WHICH OPERATION ORMED		208. IF YES, WERE FINDINGS CONS IN CERTIFYING CAUSES OF DEATH: (If in Boltimare City, give exact	
DICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS COTTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR. 19A. DATE OF OPERATION WAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	HE TERMINAL (A). DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) (Hour) 21E. INJURY OCCURRED	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimare City, give exact	
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS COTTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION WAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	HE TERMINAL (A). DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimare City, give exact	
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. CONTO WAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	HE TERMINAL 1) (A). DITON FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., in home, form, foctory, street, on etc.) (Hour) 21E. INJURY OCCURRED While At Not While At Work	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimare City, give exact	
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS COTTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION WAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (APPROX.)	HE TERMINAL (A). DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) (Hour) 21E. INJURY OCCURRED While At Not While Work Not While At Work Ottended the deceased from	21F. HOW DID INJU	(If in Boltimare City, give exact	(ocotion)
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS COTTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR. 19A. DATE OF OPERATION 19B. CONTINUAS PERFORMANCE OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Year) (APPROX.) 22. 1 certify that (1) (this haspital that (1) (we) lost sow the decease and bout and from the causes stated.	HE TERMINAL (A). DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) (Hour) 21E. INJURY OCCURRED While At Not While Work Not While At Work Ottended the deceased from	21F. HOW DID INJU	(If in Boltimare City, give exact RY OCCUR? (If on Boltimare City, give exact (If in Boltimare City, give exact) 1969	
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR. 19A. DATE OF OPERATION 19B. CONTO WAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Year) (APPROX.) 22. 1 certify that (1) (this hospital that (1) (we) lost sow the decease	HE TERMINAL (A) (D)	21F. HOW DID INJU 21F. HOW DID	(If in Boltimare City, give exact RY OCCUR? 6 9 to 2000 2 in (my) (our) opinion death occur 238, DATE SIGN	1969
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS COTTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR. 19A. DATE OF OPERATION 19B. CONTINUAS PERFORMANCE OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Year) (APPROX.) 22. 1 certify that (1) (this haspital that (1) (we) lost sow the decease and board and from the causes started.	HE TERMINAL 1) (A). DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., independent of the control	21F. HOW DID INJU 21F. HOW DID	(If in Boltimare City, give exact RY OCCUR? (If on Boltimare City, give exact (If in Boltimare City, give exact) 1969	
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS COTTO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. CON WAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Year) DEFINJURY (APPROX.) 22. 1 certify that (1) (this haspital that (1) (we) lost sow the decease and boar and from the causes started.	HE TERMINAL 1) (A). DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., independent of the control	21F. HOW DID INJU 21F. HOW DID	(If in Boltimare City, give exact RY OCCUR? 6 9 to 2000 2 in (my) (our) opinion death occur 238, DATE SIGN	1969
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS COTTO THE DEATH BUT NOT RELATED TO TO TO DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. CON WAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Year) (APPROX.) 22. 1 certify that (1) (this haspital that (1) (we) lost sow the decease and boar and from the causes stated 19A. SIGNIFICANTS NAME (Type)	At The Att Control of the Att Co	21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 22F. HOW DID INJU 23F. HOW DID INJU 25F. HOW DID INJU 25F. HOW DID INJU 26F. HOW DID INJU 27F. HOW DID INJU 28F. HOW DID	(If in Boltimare City, give exact RY OCCUR? 6 9 to 2000 2 in (my) (our) opinion death occur 238, DATE SIGN	19 6 Qurred on the do
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS COTTO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. CON WAS PERF 19A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital that (I) (we) lost sow the decease and bear and from the causes started and started R. BURIAL CREMATION, 124B. DATE	At Vork At Vork At Vork At Work At	21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 22F. HOW DID INJU 23F. HOW DID INJU 23F. HOW DID INJU 23F. HOW DID INJU 25F. HOW DID INJU 25F. HOW DID INJU 26F. HOW DID INJU 27F. HOW DID INJU 28F. HOW DID	(If in Boltimare City, give exact RY OCCUR? 69 to 2000 2 in (my) (our) opinion death occur 23B, DATE SIGN CATION (City, town, or count R DEEN, /AR FORD	1969 urred on the do
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS COTTO THE DEATH BUT NOT RELATED TO TO TO DISEASE OF CONDITION GIVEN IN PARTICIPATION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Year) 22D. TIME (Month) (Doy) (Year) 23D. TIME (Type) 23D. THYSICIAN'S NAME (Type) Dr. Richard R. BURIAL CREMATION, (24B, DATE (1/29/16))	At The Att Control of the Att Co	21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 22F. HOW DID INJU 23F. HOW DID INJU 23F. HOW DID INJU 23F. HOW DID INJU 25F. HOW DID INJU 25F. HOW DID INJU 26F. HOW DID INJU 27F. HOW DID INJU 28F. HOW DID	(If in Boltimare City, give exact RY OCCUR? 69 to 2000 2 in (my) (our) opinion death occur 23B, DATE SIGN CATION (City, town, or count R DEEN, /AR FORD	pried on the d

The second secon status of stay of land out the time of the

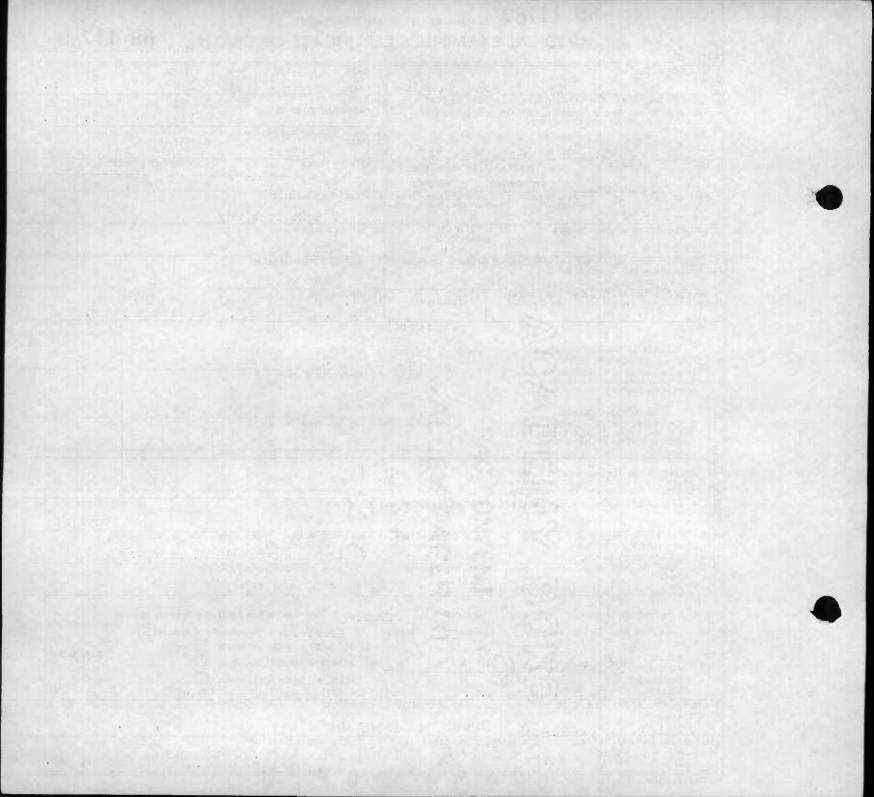
	written approval must be obtained before the remains are embalmed or final disposition is made.
1	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1/ 211/ 50 31	BALTIMORE CITY	HEALTH DEPARTMENT	74	CO 44500
K-564 69 13	L/88 CERTIFICA	TE OF DEATH	REG. NO	69 11788
I. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print)	/	26	11. 1019	1 4:15 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in:	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Marylan C. CITY OR TOWN		DE CITY LIMITS?
14 Union Memorial	Hospital	ESTRET AND NUMBER		YES NO NO
33d & Calvert Street, Bal	to,Md.	3204 Lzwn	viewAve	21213
	RIED NEVER MARRIED	B. DATE OF BIRTH 85	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Female White WIDO		12-06-86	83	
done during most of working life, even if retired)		44.1		America -
Seamstress Sew	ing Union, Retired	14. MOTHER'S MAIDEN NAM		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
Bernard Kimmerle		Catherin	e, (nee) Sa	ucrs
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	212-10-5262	Hospital C	nar 1204	62nd.St. 21237
18.410.91	CAUSE OF DEATH		aline Daube	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		. 0	. 1 -1	13
(This does not mean the made of dying,	(A) IMMEDIATE CAU	SE MO CONSEQUENCE OF:	yours. 8	
heort failure, asthenia, etc. It means the dis injury ar camplication which caused death.)	ease,	A CONSERVE OF	,	
ANTECEDENT CAUSES				
	(B)	A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if any, g	iving	A CONSEQUENCE OF.		
UNDERLYING CONDITION last.	(c)			
- 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMS ODDITION OF THE TERMS OF CONDITION GIVEN IN PART 1 (A).				
		20A. AUTOPSY? (Yes or No.	200 IE VEC WEDE	EINDINGS CONSIDERED
WAS PERFORMED	FOR WHICH OPERATION	110	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID	(If in Baltimor	e City, give exect location)
DEATH (notify medical examiner)	etc.)			
O 21 D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Work Not While At Work			
20 1 1/2 (1) (1)			1969 to	11-26 1969
22. I certify that (I) (this hospital) attend				
that (1) [we] last saw the deceased alive			at in (my) (out) api	nian death accurred an the date
and haur and fram the causes stated abo	ve. ((17 (We) (dtd) (did nat) v	iew the bady after death.		
23A. SIGNATURE				23B. DATE SIGNED
M. Ceneda M.D	DEGREE Phys	nding Med. Director	Staff Phys.	26 Nov 69
ZSC. PHYSICIANS NAME (Typp)		23D. ADDRESS		Hurs
24A. BURIAL CREMATION, 24B. DATE 2	DEGREE	MATORY 1240 10	OCATION (Ci	ity, town, or county) (Stote)
REMOVAL (Specify)				nnald St.
Burial 11-29-1969-	First Evangelical	Cemetery Ger	man Hill Rd	Balto Md.
DEC 1 1969 3 3 6 E Jak	Sen M.DO O			331 Brehms Lane
VS 150-REV. 1/1/68				

24-00-25 AP Hayaral Chart mount for 11.02 61 M. Calange III O Acordor 1110

0 .1.0	69 11789 BALTIMORE CITY HEALTH DEPARTMENT	
B-412	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 69 1	1

K	-412		MED	ICA	L EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	9 1	1789	}
	TH NC.	FACED	-									
	AME OF DEC	EASED	_			2. DATE OF	Knawn 🖾	Month	Day	Year	Hour 7 - / 5	_
4 P	LACE IN DAL	TIMO DE MA			Bouloubassis RONOUNCED DEAD	DEATH 3. DATE	Estimated	11	21	69		a. M.
FULL	NAME OF	(IF NOT		AL OR INS	STITUTION, GIVE STREET		UNCED DEAD	Month 11	21	69	7:45	a. M.
ORI	NSTITUTION					5. USUAL F	RESIDENCE (Where	deceased i	ved. If institution: B. COUNTY	residence	befare adm	ission)
3	5	Chi	urch H	ome a	and Hospital	A. SIAIL	Maryland		D. COOMIT	d	03	
6. S	EX	7. RACE			RIED NEVER MARRIED	C. CITY OF			D. INSIDE CIT	Y LIMITS?		
,	male caucasion WIDOWED DIVORCED						Baltimore		YE	S KK	No 🗆	
	ATE OF BIRTI	Н	10. AGE (In lost birthdo	yeors y)	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.	E. STREET	AND NUMBER	4				
11 6	SIRTHPLACE (S		n investory)	35	12. CITIZEN OF	13. FATHER	716 S. Bro	adway				
111. 6	Greece		n country)		WHAT COUNTRY?		licholas					
I4A.	USUAL OCCU	PATION (Give	kind of work	148. KIN	D OF BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NAM	WE				
- 4	Johols		on aremedy	Fu	rniture	F	etroula					
16. \	WAS DECEASE	ED EVER IN L	U.S. ARMED	FORCE	S? 17. SOCIAL	IB. INFOR	MANT Katherin	a Pai	17 oub a AD	DRESS		
(1 es,	no or unknown)	(II yes, give w	or or doles	or service	SECURITY NO.	710 5		IAV. I	Baltimo	re. N	/d.	
T	9.				CAUSE OF DEA		1.10000			T A	PPROXIMATE I	
	# 76	157								BEI	WEEN ONSET	AND DEATH
		E OR CONDI LEADING TO		CILY			Gunshot w	ound o	f head			
	(This does n	oi meon the	mode of dy	lng, e.g.,	(A)IMMEDIATE	AS A CONSEC		Odira c	or nead			
	heart lailure,	osthenio, etc.	It means the	diseose,	902 10, OK	AD A CONTOL	OLINGE OIL					
		VIECEDENT ((B)							
	RISE TO THE	ABOVE CAL	JNS, IF ANY JSE (A) STA	ING THI	DUE 10, OK	AS A CONSE	QUENCE OF:					
z	UNDERLYIN	IG CONDITION	ON LAST.		(c)							
임			11									
CERTIFICATION	TO THE DEA	IFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERM	AINAL	************						
RT					FOR WHICH OPERATION W	AS PERFORM	MED			21. AUTO	OPSY? (Yes	or No)
Ö	1										Partia	1
	22A. EXTER	NAL CAUSE V	WAS		228.PLACE OF INJURY(e.g.	in or obout	22C. WHERE DID	If in Boltimo	re City, give exac	_		
	UNDERLYING	OR CONT	TRIB-		228. PLACE OF INJURY (e.g., home, lorm, loctory, street, office	ce bldg., etc.) 1	NJURY OCCUR?	£ 716	C Descri			
핗	UTING LI CA		ΤΗ. ογ) (Υeoι	·) (Hou	sidewalk or) 22E.INJURY OCCURRED		in front o			iway	de (1)	2
1	OF INJURY (APPROX.)				WHILE AT NO	- Lander			OK!			
1	23.	11 20	69	8:05	M. WORK AT	VORK	shot and r	Doned				
		Ify that I he	eld on 1	nguiry	Inspection A	topsy 🔀	and that on th	de basis	death in my	-lulan		
				-					_	,		
	result	ted from: No	atural cau	ses 🔲	Accident Suici				ned monner L	1		
	ACTUAL	June.	. 1	(CHIEF MEDICAL E				DATE SIG	NED
	SIGNATI	JRE JUS	my	0	M.I	o. ASS	ISTANT MEDICAL E	XAMINER				
	EXAMIN				0	ASSO	CIATE MEDICAL E	XAMINER		1.	1/21/6	0
24A	BURIAL CREA	ype) Wern		pitz	M.D. D		hief Medic	LOCATION				ote)
KEN	MOVAL (Specific	7/										
	173355	7 17	17 0	, 0	Greek Ortho	ndox C	emeterv	Balt	imore.	Mo.		
254	Buria DATE REC'D		11-26		Greek Ortho				imore,			
25A	DEC 1				Greek Ortho	25C.	emetery FUNERAL DIRECTO Cholas T 21 Raste	OR .	AD	DRESS	re, N	ď.



This certificate must be approved by the chief medical examiner or his assistant if death acturred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cars; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attachance on the deceased prior to death); and (6) No physician was in regular attachance on the FUNERAL DIRECTOR: IMPORTANT

	BIF	CERTIFICA	TE OF DEATH REG. NO. 69 11790
	L'IY	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	2 DATE AND HOUR OF DEATH 11-24-69 1 8:30 Pm.
	FU	UL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY HOWATA
R		FIGATE AMENDED-1-1/19/99	C. CITY OR TOWN C. L. INSIDE CITY LIMITS? YES NO NO
made.	5.	SEX G. RACE TO SPITAL	3206 Old Fence Rd.
is mo		WIDOWED DIVORCED LUSUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY	B-31-69 lost birthdoys Months Doys Hours Min.
disposition	don	e during most of working life, even if telired)	11. BIRTHPLACE (Stote or Toreign country) 12. CITIZEN OF WHAT COUNTRY?
ispos	13.	FATHER'S NAMEJUETTETO Luis & Marlin	14. MOTHER'S MAIDEN NAME Constance L.
final d	15. (Yes	Wos Deceosed Ever in U. S. Armed Forces? s, no or unknown! (If yes, give wor or doles of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
or fi		18. 3.20 ST CAUSE OF DEATH	
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAU	Carolio respiratory arrest
balmed		heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:
me e		ANTECEDENT CAUSES (B) (B)	ringilis due to gram negetie 3 days
ns are		DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS use to the above cause (A) stating the UNDERLYING CONDITION last.	A CONSEQUENCE OF: BACILLI
mai	N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	etabolie acidos's
the remains	<	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	
ore th	XT.	WAS PERFORMED	20A. AUTOPSY? (Yes on No.) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
bei	Ü	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21 C. WHERE DID (If In Baltimore City, give exect location)
ained	3	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work At Work	21E HOW DID INJURY OCCUR?
opto		22. I certify that (I) (this hospital) attended the deceased from	-21-69 1969 to 11-24 1969
Pe		that (I) (we) last saw the deceased alive on// - 2 4	19 64 and that In(my) (our) apinian death occurred on the date
must		and have and fram the causes stated above. (1) (We) (did) (did not) vi	
		Syffing hap gegree Phys.	ding Med. Sheff Med. Director Phys. 11-25-69
approval		SOUNG YOON HUH	Mercy Hospital
	24A	BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY OF CREATERY OF C	
Written	25A	DATE REC'D BY HEALTH GEFT. JSBONANAE OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
1	Vs 1	50-REV. 1/1/68	I were Cabanany Catographo

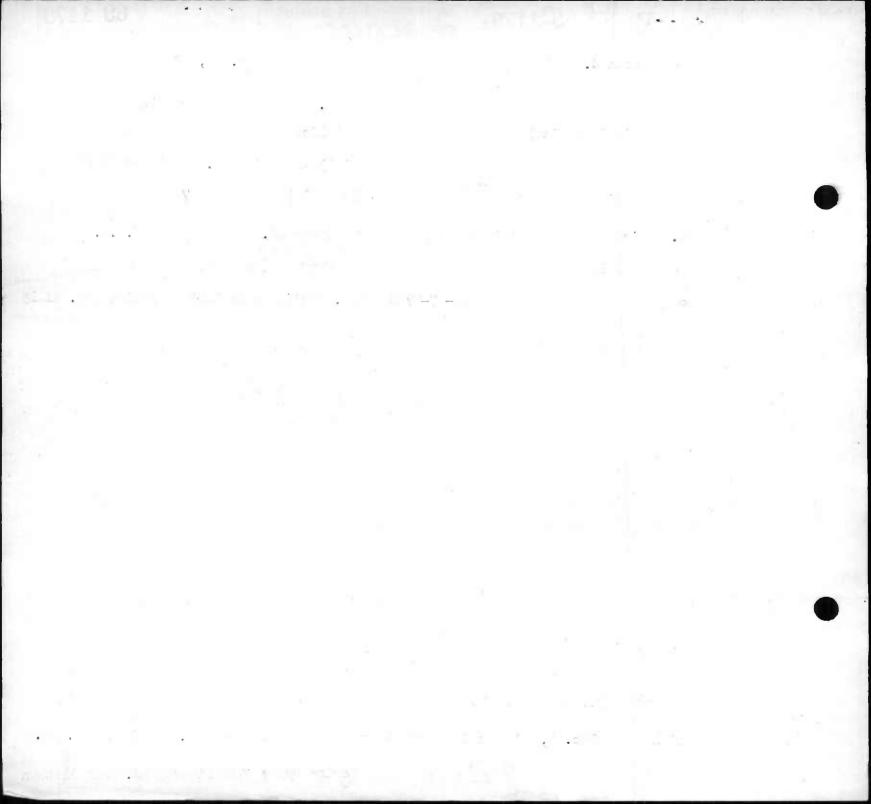
12/10/6 9 - Correction form from funeral director.

Be.

3. P	or Print)	John C. Boyle	,		2. DATE	Nov. 28, 69	1
	ACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOU	INCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence beto
HO:	L NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	ITION, GIVE STREET	Md.	Baltimore	City 2 /
1/	2	Sinai Hospita	al		Pimlico		YES X NO
1					E. STREET AND NUMBER		
			-			ide Rd. Balt	
S. SI	х	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hou
104	M	White	WIDOWED		July 1912		12. CITIZEN OF WHA
		working life, even if retired)			II. BIKINFLACE (Store of I	orergn country)	
	et. Po.		Baltimo	re City	Baltimore Md.		U.S.A.
13. F	ATHER'S NA				14. MOTHER'S MAIDEN N		
		s Boyle				unknown)	
15. V (Yes	no of unknown	Ever in U. S. Armed For (If yes, give wor or dote	ces? s of service)	212-07-7780	Mrs. Cecile H	2102 T	ADDRESS
	No			212-07-7780	Mrs. Cecile	white 2402 II	ustesine wee
	8.	A. D. I		CAUSE OF DEAT	H		APPROXIMA BETWEEN ONS
	DISEA	SE OR CONDITION DIE	RECTLY		6 10	0	
	(This door .	LEADING TO DEATH	dvina oa	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	ary occlien	100- 5-10
	heort foilure,	osthenio, etc. It meons	the diseose,	DUE TO, OR AS	A CONSEQUENCE OF:		
		nplication which coused	deoth.)	0	11 .1	- 01/7	
		ANTECEDENT CAUSES		(B) 7 3	Harpertent	we V/) 900
		OR CONDITIONS, if e obove couse (A)		DOE TO, OK AS	A COMBEGIOENCE OF:		
	UNDERLYIN	G CONDITION fost.		(c)			
z		11					
۱Ĕ۱	O THE DEA	FICANT CONDITIONS CO TH BUT NOT RELATED TO THE	HE TERMINAL				
OA		ONDITION GIVEN IN PAR F OPERATION 198. CON	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WER	E FINDINGS CONSIDERE
CERTIFIC	0	WAS PERI	ORMED		No	IN CERTIFYING C	AUSES OF DEATH?
- 1	A ACCIDE	NT WAS UNDERLYING UTING CAUSE OF	21 B,	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Boltim	ore City, give exoct locoti
CAL	DEATH (notify	medical examiner	etc.)		in the stage in the state of th		
03	DF INJURY	(Month) (Doy) (Yeor)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID	NJURY OCCUR?	
5	(APPROX.)		Whi	le At Not Whi	le 🔲		
	22. L certify	that (1) (this hespital			Jay	_1969_ta_//	-78-
		last saw the decease		10-15-1	1969 and		pinian death accurred
				/ (Wa) (4:4) (4:4 = -)			pun dealii decoffee
II L	3A. SJONAT		eu unave. (I	/ ("e/ (ala/ (ala nat) '	view the bady after deat	П•	23 B, DATE SIGNED
	(11	11 Section	1-		ending Med.	Staff	12 00 1
	3C PHYSICI	N'S Jugues		DEGREE Phy	23D. ADDRESS	Phys. —	11-21-6
1 1	NAME (1	(ype) / /2/5/	57511	1 2	12151 D 1	SA B. Ma	71400 -
	1 1 1	11/14/5/11/	1.21	DEGREE	10(0 St 1 Tell	IN Mollo	01200
	BURIAL CRE	MATION 248 DATE	24C N A	LAAF AL CEAACTEDY AA CE	FALATORY	LOCATION	City town or country
24A	BURIAL CRE REMOVAL (Burial	MATION. 24B. DATE Specify) Det. 2,		odlawn Cemete		Liberty Rd	Baltimore Co.

BALTIMORE CITY HEALTH DEPARTMENT

69 11791



and eath ased the Such	BIRTH NO. LINAME OF DECEASED BALTIMORE CIT CERTIFICA	ATE OF DEATH REG. NO. 69 11792 2. DATE AND HOUR OF DEATH						
ced on S	(Type or Print) Catherine Morgan	November 28, 1969	M.					
de De	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY	sion)					
hos Use (5) Iand de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland c. CITY OR TOWN D. INSIDE CITY LIMITS?						
Se, Se,	INSTITUTION	Baltimore YES NO						
ng cau		E. STREET AND NUMBER						
ep d + e	0 5352 Reisterstown Road	5352 Reisterstown Road						
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	liosi billidoyi intentio, poyo , modio, inte						
occur ontrik ermin regul eased is ma	Female White WIDOWED DIVORCED	Dec. 23, 1882 86	ITRVA					
th collecter	IOA. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country)	NIKT?					
irect or c (4) Undet was in the dec	Housewife	Maryland U.S.A.						
if dect (4) U (4) U the	13. FATHER'S NAME	14, MOTHER'S MAIDEN NAME						
ire lire ; (4 h v n t	Frank Hook	Josephine Boags						
= 0 a d a	15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS						
the the kin dee nce	217-32-80071	Harold Morgan 5317 Beuford Avenue 21215						
if t any l ced ced ndan	18. CAUSE OF DEA							
G G T T O 2	DISEASE OR CONDITION DIRECTLY							
Als Als att	LEADING TO DEATH (A) IMMEDIATE CA (This does not mean the mode of dying, e.g.,	AUSE OCUTO CORDHAY OCCLUSION O						
er. ctur pron	heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)	5 A CONSEQUENCE OF:						
	ANTECEDENT CAUSES A C	5 H.N						
A fr	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	AS A CONSEQUENCE OF:	5					
exd exd 3) A	rise to the obove couse (A) stating the							
ical ial e ns; (3 cian as ii ains	UNDERLYING CONDITION last, (C)							
edice burr burr hysi n w	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTI							
dy dy cia		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
by a 2) Bod 2 Bod e the physic	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFING CAUSES OF DEATH:						
	OR CONTRIBUTING CAUSE OF home, form, foctory, street,	, in or obout 21C, WHERE DID office bldg., INJURY OCCUR?						
0.0 13 T	OF INJURY While At Not Wh	21F. HOW DID INJURY OCCUR?						
hosp hosp artu ppt (6)	While At Not Wh							
prov the iny n exce and	22. I certify that (I) (this hespital) attended the deceased from	195/ 19 10/07.28 1969	9					
0 0 0	that (I) (we) lost saw the deceased alive on Nov. 27/1	96919 and that in(my) (our) opinion death occurred on the	dote					
the character of the ch	and hour ond from the couses stated above. (1) (We) (did) (did not)	•						
assed to dent of ospital death) must be	23A. SIGNATURE	23 B, DATE SIGNED						
id id ho ho d	The state of the s	ttending Med. Staff Director Phys.						
L = 0 . L	23/2. PHYSICIAN'S	23D. ADDRESS						
was r was r An a A. at o prior	Julius Gluck proces	5356 Reisterstown Road						
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C		ote)					
ody S: (1 D.O. en c	REMOVAL (Specify)	emetery Pikesville Baltimore Maryland						
This certithe body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS						
This the k show was dece	DEC 1 1969 Police E. Japley M.D. B	O Boring Byers 8728 Liberty Road 21133						
	VS 150-RFV, 1/1/68	Mar tire mark of co miner of most sitt)						



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

12 1100	BALTIMORE CIT	Y HEALTH DEPARTMENT		0 11800
D-420 69 117	93 CERTIFICA	TE OF DEATH		9 11793
1. NAME OF DECEASED (Type or Print) BLAKE,	WILLII	2. DATE AND	D HOUR OF DEATH	2-15 A- M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUNT	TY deceased lived, it institution:	: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CITY	LIMITS?
Lusheran Hospita	1 of NO	E. STREET AND NUMBER		NO []
46	V	1832, MO.	shes St.	
S. SEX 6. RACE 7. MARR WIDOV	IED NEVER MARRIED DIVORCED DIVORCED		ost birthdoy) Il Un Month	der 1 Yı. II Under 24 Hıs. I Doys Hours Min,
IOA. OSUAL OCCUPATION (Give kind of work 108, KINE done during most ol working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHIR ACE Whole or loreign	an country) Md 12. Cl	ITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	1)	14. MOTHER'S MAIDEN NAM	AE ///G	
Kahana BI	12 KH	Fto 1)	2018	
1S. Wos Deceased Evel in U. S. Armed Fortes? (Yes, no or unknown) lift yes, give wor or dates of servi-	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1/0	SECORITI NO.	Donis Wilh	ing 1000	Nolllowroe ST
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	H TO TO VIII	a mo jest	SETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CA	USE Cerebro-	vasculas	
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the diseinjury or complication which coused death.)	DUE TO OR AS	A CONSEQUENCE OF:	ccident	
ANTECEDENT CAUSES	(0)			
DISEASES OR CONDITIONS, if any, give		S A CONSEQUENCE OF:		
rise to the obove couse (A) stoting UNDERLYING CONDITION last.	(C)		18 88 99 99 99 99 99 99 99 99 99 99 99 99	
_ 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDING	GS CONSIDERED
WAS PERFORMED		_	IN CERTIFYING CAUSES O	F DEATH?
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., home, form, loctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(II in Boltimore City, s	give exoct locotion)
W OF IN HIDY	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	While At At Work			
22. I certify that (I) (this haspital) attended		27/24/ 1	969 10/1/25	1969.
that (1) (we) last saw the deceased alive	on 11-25-19	69 49 and the	at in(my) (aur) apinlan de	eath occurred an the date
and haur and fram the causes stated above	e. (I) (We) (did) (did no t)	view the bady after death.		
23A. SIGNATURE	1 440 44	ending Med.		ATE SIGNED
Icantilal J. St	The DEGREE Phi	rs. L. Director L. I	Shaff Phys.	/23/01
RANTILAL J. J.	HAH MD	L WHEREN	~ Hospital	AND
24A. BURIAL CREMATION, 24B. DATE 246 REMOVAL (Specify)	C. NAME of CEMETERY OF CR		CATION (City, Town	(Stote)
25A, DATE REC'D BY HEALTH DEPT. 7 25B, NAM	ALOW RECESTRAR	25C. FÜNERAL DIRECTOR	uso 111	ADORESS //
DEC 1 1969 Paber E. Farber	429 0)	Mithiams 11	uneral/Home 31	911. Soprouse At

The Art of the Control of the Contro

Liverage Hope of All Sales and Liverage

1 23 1 1 1 1 1 2 EST

The Charles

College von 7-17-1725

11-25-2769 [24] 69 11/55/

Kartelal Foliah MD

KANTILAR J SHAH MO I WATTON HODELED of FI

11/25/-5

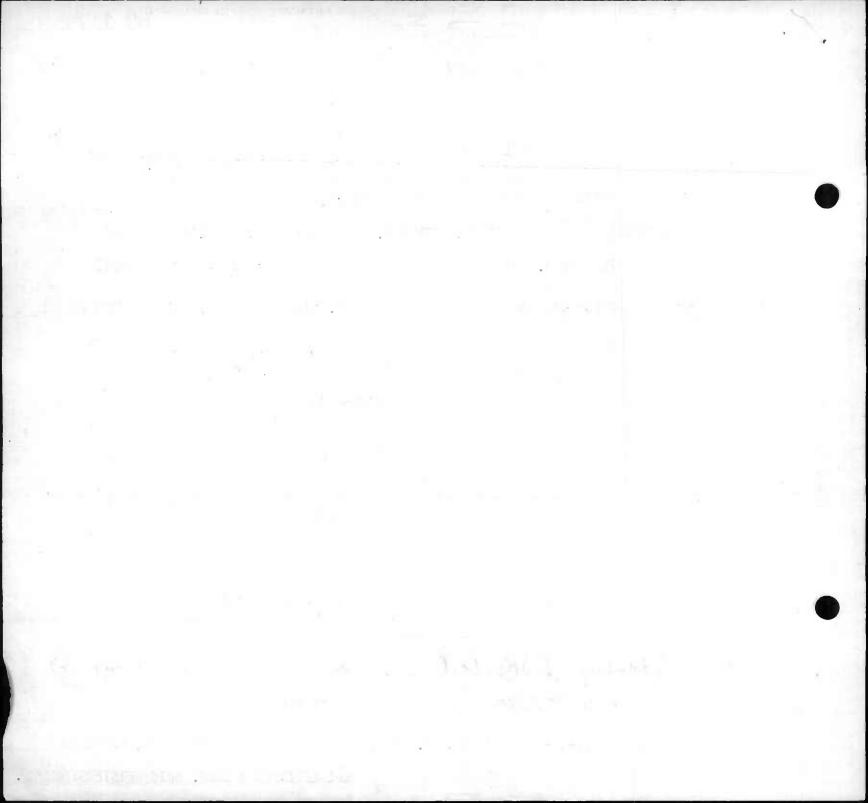
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	miner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	embalmed or final disposition is made.	
This certificate must be approved by the chief medical exar	the body was released to the hospital by a medical exam	shows: (1) An accident of any nature; (2) Body burns; (3) A f	was D.O.A. at a hospital (except where the physician who	deceased prior to death); and (6) No physician was in reg	written approval must be obtained before the remains are embalmed or final disposition is made.	

+	1-200 1-200	69	1179	A	HEALTH DEPARTMENT	X REG. NO	69 11794
1.1	IAME OF DECEASE			GERTIT CA		AND HOUR OF DEATH	
		THERINE !			NOV	EMBER 26,	1969 5:50 A
3.	PLACE IN BALTIMO	RE MARYLAND, W	HERE PRONC	DUNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived. If	institution: residence before admission
FU	LL NAME OF	IF NOT IN HOSPIT	AL OR INSTI	TUTION, GIVE STREET	MARYLAND	BALTIMO	RE COUNTY 5300
IN:	NOITUTITE		A IIONI		C, CITY OR TOWN	D. IN	SIDE CITY LIMITS?
	ST AGNES I	HOSPITAL			E. STREET AND NUMBER		YES NO
1 5	10				11	WBROOK ROA	D 21228
5. 5			7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
11		WHITE	WIDOWED		07 04 18	151	Months Days Monts Mills
don	e during most of working	DN (Give kind of work life, even if retired)	l	F BUSINESS OR INDUSTRY	11. SIRTHPLACE (Stote or f	oreign countryl	12. CITIZEN OF WHAT COUNTRY?
12	FATHER'S NAME		Nouse	wife	MARYLAND		USA
11					14. MOTHER'S MAIDEN N		
11	IDEON SMI			DEC'D	(REEDY) M	ARY	
11	Was Deceased Ever in the property of the prope	s, give wor or dote	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	RECORD'S B.	ALTIMORE MD 21229
V	0				ST AGNES		ILKENS & CATON AV
	18. DISEASE OF	CONDITION DI	ECTI V	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		ING TO DEATH	ECILI	ALL BULLEDIATE CALL	SE C. V. A. 1	Cordersun	cula - Accident)
	(This does not me heart failure, osther injury or camplicati	nia, etc. It means	the disease	211222	CONSEQUENCE OF:	(2)	
		CEDENT CAUSES	000111.7	1	· O. T.	Mi Tun	
	DISEASES OR CO	ONDITIONS, If	any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	recorder)	
	rise to the about	ve cause (A)	stating the	(c)			
		11		(0)	***************************************		
ATION	OTHER SIGNIFICANT	CONDITIONS COL	NTRIBUTING				
ICA	DISEASE OR CONDIT	ION GIVEN IN PAR	[[(A).	WHICH OPERATION	20A. AUTOPSY? (Yes or	Nol 208 IF YES WERE	SINDINGS CONSIDERED
RTI	0	WAS PERF	ORMED		NO	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CAL	21A. ACCIDENT WA OR CONTRIBUTING DEATH (notify medic	S UNDERLYING CAUSE OF	21 B han etc.	LPLACE OF INJURY (e.g., In ne, farm, foctory, street, olf)	or obout 21 C. WHERE DID	(II In Boltimo	re City, give exoct locotion)
ā	21 D. TIME (Mon	thi (Doyl (Yeori	(Hour) 21E	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
2	(APPROX)		Wh	nile At Not While At Work			
	22, I certify that	() (this hospital	ottended t	he deceosed from NOV	EMBER 23	19 69 to NOV	MBER 26 1969
				NOVEMBER 26			Inlon death accurred on the date
	ond hour and fram	the couses stot	ed obove. (1) X(M/e) (q1q) XqXqXu)qt) vI			
	23A. SIGNATURE	A					23 B. DATE SIGNED
		Mems,	11.0	DEGREE Phys.	ding Med. Director	Staff Phys.	11-26-69
	NAME (Type)				3D. ADDRESS	BALT	IMORE MD 21229
	A. S	SHAMS, M.	D.	DEGREE	T AGNES HOSI	PITAL WILKE	
24A	BURIAL CREMATIO		1	AME of CEMETERY of CREA	MATORY 24D.	LOCATION (C	ity, town, or countyl (Stotel
25.4	Burial	11-29-6		arden of Faith	Tm	umps Mill Rd	
DIE .	DATE REC'D BY HE	Pole & E.	Start Comments	PE REGISTRAR	250 FUNERAL DIRECTO	183 4 11 11	ADDRESS
保	50-REV. 1/1/68	TWO CO	ander,	1100	Kours VIV	141/301	Frederick Rd.21228

Synta Cauti I

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death-shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

3	105				BALTIMORE CITY	HEALTH	DEPARTMENT		co	Adrior
5	-435		69	1179	35 CERTIFICA	TE O	F DEATH	REG. NO	03	11795
BIRTH	I NO. ME OF DECE	ASED		man sain A. C				ND HOUR OF DEATH		
(Туре	ar Print)	S			GOLDEN		NOVE	MBER 27. 1969		7:30 P. M.
3. PL	ACE IN BALT	IMORE, MAR	YLAND, V	VHERE PRO	NOUNCED DEAD	A. STAT	E B. COU	ere deceased lived. If in: NTY	stitution: re	esidence before admission)
HOSE	NAME OF	(IF NOT I	N HOSPIT	TAL OR IN ATION)	STITUTION, GIVE STREET		YLAND OR TOWN	In INSI	DE CITY LI	2843
114211	TUTION							J. 11431	YES T	NO
40	2	SINA	I HOS	PITAL		100	TIMORE ET AND NUMBER	14	~ <i>T</i>	7
S. SEX	,	6. RACE		T ₂			6 CLIFTON	9. AGE (In years) /	3 7 1/11 / 64 11
	ALE	WHIT	E	/· MARR	INEVER MARKIED	MAY 1		tost birthday)	Months	Days Hours Min.
				k 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTH	IPLACE (State or for		12. CITI:	ZEN OF WHAT COUNTRY?
	during most of w EMPL	OYEE	n ir retired)	SOCI	AL SECURITY ADM.			, MARYAAND	1	ISA
13. FA	THER'S NAM					14. MOT	HER'S MAIDEN NA			
		LATE J	OHN J	. GOL	DEN		LIVI	ING: MILDRED	LIPS	BITZ
	os Deceosed o or unknown)	Ever in U.S. (If yes, give	Armed Fo	rces? es of servi	ce) 16. SOCIAL SECURITY NO.	17 . INFO				ADDRESS #07
	YES	KOREA	n war	ARM			. MILDRED	GOLDEN, 4946	CLIF	
16	DISEAS	O, 9 I	ITION D	RECTI Y	CAUSE OF DEATH	١		~~		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		LEADING TO			(A)IMMEDIATE CAU	E CC	cute hu	weardel		?
h	This does no reart failure, o	asthenia, etc.	II means	the dise	e.g., DUE TO, OR AS			iton		2
11	njuly al cam)	7		1	'.
₋		NTECEDENT			(B)		V			
	DISEASES O				the DUE TO, OR AS	A CONSI	OUENCE OF:		}	
	JN DERLYIN G				(c)					
_ [- 11								
	THER SIGNIFI	CANT CONDIT BUT NOT REI	IONS CO	NTRIBUTII THE TERMIN	NG IAL					
V D	ISEASE OR CO	NDITION GIV	EN IN PA	RT + (A).	OR WHICH OPERATION	120A.	AUTOPSY? (Yes or N	lo) 20B. IF YES, WERE F	INDINGS	CONSIDERED
ERTIF	7,		WAS PER	FORMED			yes	IN CERTIFYING CAL	JSES OF	DEATH?
0	TÁ. ACCIDEN OR CONTRIBU EATH (notify	TING CAU	SEOF		21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or about ice bldg.,	INJURY OCCUR?	(If In Baltimare	e City, glv	e exoct location)
U				444						
풀이	F INJURY	(Month) (Do	y) (Teon	(Hour)	21E. INJURY OCCURRED While At Not White		21F. HOW DID IN	JURY OCCUR?		
- 0	APPROX.)				Work Al Work			4.0		
2:	2. I certify	thot (I) (this	hospita	1) ottende	ed the deceased from		- 7 7	1967 10		19
th	hat (I) (we)	last saw the	deceos	ed alive	on 11-2	19	97 and t	hot in (my) (aut) apir	nian deo	th occurred an the date
0	nd haur ond	from the co	uses sta	ted obov	e. (1) (We) (did) (did no t) v	ew the	body ofter deoth			
23	A. SIGNATUI	RE	V	1110	. 0 0	1:			23 B. DAT	E SIGNED
	/YA	anle	1 4	Ste	Culou GEGREE Phys	nding 🔀	Director	Staff Phys.	11.	21-01
23	NAME (Ty	₹S (3D. ADD	RESS	-		
		STANL	EY ST	EINBAC	CK GEGREE		11 SLADE	AVENUE		
	BURIAL CREA		DATE	240	NAME of CEMETERY OF CRE	MATORY			ty, tawn, c	or county) (State)
	BURTAL	1	1-28-	69	HEBREW MT. CARM			ERMAN HILL RO	DAD. N	MARYLAND
25A. I	C T TO	69 S	EPT.	Jacke	ME OF REGISTRAR		FUNERAL DIRECTO			ADDRESS
VS 15	0-REV. 1/1/6	В		1	And the second	1 80	LALEVINSO	E BROS. 601	U_KE	ISTERSTOWN RD.



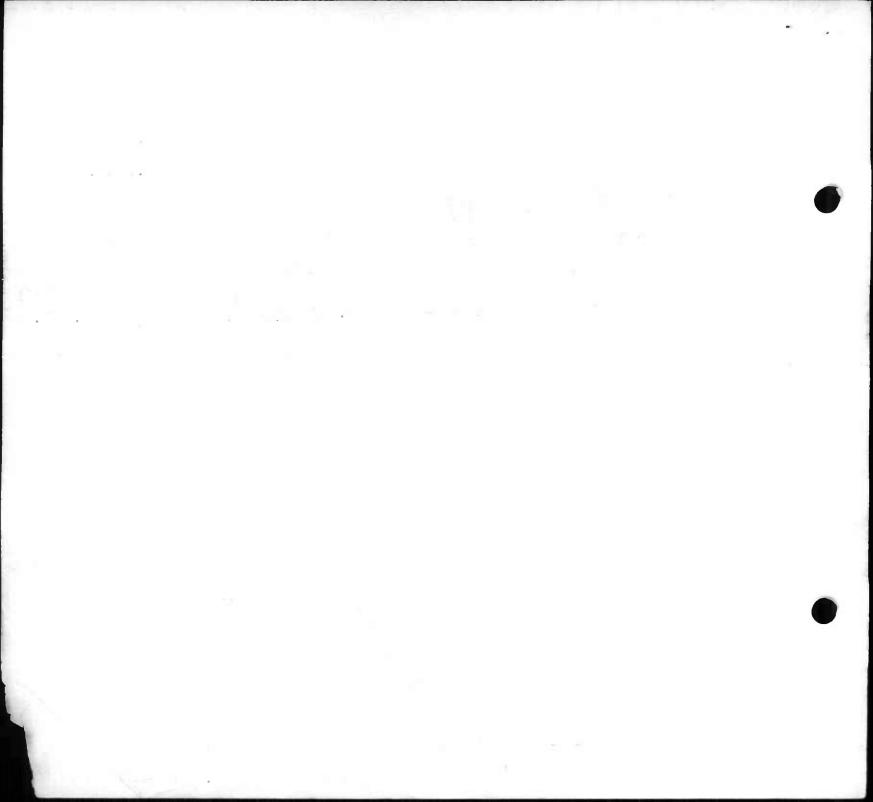
ssistant if death occurred in a hospital and	the direct or contributing cause of death*	r kind; (4) Undetermined cause; (5) Deceased	death was in regular attendance on the	nce on the deceased prior to death. Such	final disposition is made.	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the	written approval must be obtained before the remains are embalmed or final disposition is made.	

THEN NO. LACE IN SALE OF DECRASED THE ADMAN OF DECRASED THE ADMAN OF DECRASED THE ADMAN OF THE PROPOUNCED DEAD AND THE ADMAN OF THE PROPOUNCED DEAD THE ADMAN OF THE ADMAN OF THE PROPOUNCED DEAD THE ADMAN OF THE ADMAN OF THE PROPOUNCED DEAD THE ADMAN OF THE ADMAN OF THE PROPOUNCED DEAD THE ADMAN OF THE ADMAN	M-1460 CO 44 TOO BALTIMORE CITY	Y HEALTH DEPARTMENT
FIRE OF PART HAND SATING MARRIAND, WHERE PRONOUNCED DEAD WILL MAND OF PROT IN NOSPITAL OR INSTITUTION, GIVE STREET HOPPITAL OR ADDRESS OF LOCATION HISTORY OF PART OF THE PART HAND SATING OR INSTITUTION, GIVE STREET HOPPITAL OR ADDRESS OF LOCATION HISTORY HISTOR	BIRTH NO. CERTIFICA	TE OF DEATH REG. NO. 03 11/96
TRACE IN MATHMOSE, MARTIAND, WHEER PROMUNICED DEAD TOTAL WARD OF STATE IN SOCIAL STREET AND NUMBER PROMUNICED DEAD MINISTRUTION BALLY MARTINESS OR INSTITUTION, GVE STREET MADELY OR CONTROLLER AND THE MOSTITAL OS INSTITUTION, GVE STREET MADELY OR CONTROLLER AND THE MOSTITAL OS INSTITUTION, GVE STREET MADELY MINISTRA OS INSTITUTION BALLY MINISTRA OS INSTITUTION BA	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
THE NAME OF STATES OF REALTHON STATE STATE PARTITION PARTITION STATE PARTITION	JOSEPH MILLER	Nov. 29, 1969 12.00 p
SELECTION SUMMER BANCO	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution, residence before armiss A, STATE B. COUNTY
SELECT AND NUMBER 3.00 W. ROGERS AVENUE WILLIAM WILDOWSD ON USALA OCCUPATION (Note had of week) 100 KIND OF DISSINESS OF INDUSTRY) ON USALA OCCUPATION (Note had of week) 100 KIND OF DISSINESS OF INDUSTRY) ON USALA OCCUPATION (Note had of week) 100 KIND OF DISSINESS OF INDUSTRY) ON USALA OCCUPATION (Note had of week) 100 KIND OF DISSINESS OF INDUSTRY) ON USALA OCCUPATION (Note had of week) 100 KIND OF DISSINESS OF INDUSTRY) I.S. TATHER'S NAME I.S. MANE CEPTERY NAME I.S. MOTHER'S MADE IN U. S. ARMED FORCE? SEARCH OF MALE OF DEATH II.S. MOTHER'S MADE IN U. S. ARMED FORCE? SEARCH OF MALE OF DEATH II.S. MOTHER'S MADE I.S. MOTHER	FULL NAME OF OF OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!	MARY LAND XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
SELF	Sindi Hospitest of Ishling	Baltimore. YES NO
SEX 6. BACE WINDOWSED WI	Bullo, M. 21215-	2000
AUSUAL OCCUPATIONICIES THAT overlight and everlight kind of pushiesis of kindle considered and everlight kind of pushiesis of kindle considered and everlight kind of pushiesis of kindle considered and everlight kindle of pushiesis of kindle considered and everlight kindle of the considered	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	
SELECTION DESCRIPTIONS OF THE TRAINED SELECTION DESCRIPTION OF THE DEATH BUT OF THE TRAINED OF T	make White WIDOWED DIVORCED	9/23/1900 69
15. AMAME 15. AMAME 15. AMAME 16. SOCIAL SICURITY NO. 218-32-44768 228-32-44768 228-32-44768 228-32-44768 228-32-44768 228-32-44768 228-32-44768 228-32-44768 229-32-44768 229-32-44768 229-32-44768 229-32-44768 229-32-44768 229-32-44768 229-32-44768 229-32-44768 229-32-44768 229-32-44768 229-32-44768 229-32-44768 229-32-44768 229-32-44768 229-32-44768 229-32-44768 229-32-44768 230-32-44768 230-32-44768 230-	done during most af warking life, even if retired)	R
S. Was Deceased from In U. S. Armed Forcest Serviced Incommon (III yes, give were of doles of serviced Serviced Incommon (III yes, give were of doles of serviced Serviced Incommon (III yes, give were of doles of serviced Serviced Incommon (III yes, give were of doles of serviced Serviced Incommon (III yes, give were of doles of serviced Serviced Incommon (III yes, give were of doles of serviced Serviced Incommon (III yes, give were of doles of serviced Incommon (III yes, give were of doles of serviced Incommon (III yes, give were of doles of serviced Incommon (III yes, give were of doles of serviced Incommon (III yes, give were of doles of serviced Incommon (III yes, give were of doles of serviced Incommon (III yes, give were of doles of serviced Incommon (III yes, give were of doles of serviced Incommon (III yes, give were of doles of serviced Incommon (III yes, give were of doles of give were of doles of give were of doles of give were of doles of give were of doles of give were of doles of give were of doles of give were of doles of give were of doles of give were of doles of give were of doles of give were of doles of give were of give were of doles of give were of doles of give were of doles of give were of doles of give were of	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
S. Wes Deceased Ever in U. S. Armed Ferces? Even, or unknown II yes, give wer or dotes of sorvice S. SOCIAL STANDARD	ISAAC MILLER	SARAH 2
18-32-4476 18 18 18 18 18 18 18 1	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	ADDRESS ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart follows, esthemic, etc.) in means the disease, injury or complication which caused death,] ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving nise to the above cause (A) sloling the UNDERLYING CONDITION last. (C) DUE TO, OR AS A CONSEQUENCE OF: (D) UNDERLYING CONDITION SCONTRIBUTING TO THE TEAMINAL DISEASE OR CONDITION (St.) (D) THE DEATH BUT NOTSELATED TO THE TEAMINAL DISEASE OR CONDITION COVIN IN PART I (A). (D) ADDRESS OR CONDITION COVIN IN PART I (A). (D) ADDRESS OR CONDITION COVIN IN PART I (A). (D) ADDRESS OR CONDITION COVIN IN PART I (A). (D) ADDRESS OR CONDITION COVIN IN PART I (A). (D) ADDRESS OR CONDITION COVIN IN PART I (A). (D) ADDRESS OR CONDITION COVIN IN PART I (A). (D) ADDRESS OR CONDITION COVIN IN PART I (A). (D) ADDRESS OR CONDITION COVIN IN PART I (A). (D) ADDRESS OR CONDITION COVIN IN PART I (A). (D) ADDRESS OR CONDITION COVIN IN PART I (A). (D) ADDRESS OR CONDITION COVIN IN PART I (A). (E) DUE TO, OR AS A CONSEQUENCE OF: (D) UNDERLYING CONDITION CONTRIBUTING CONDITION CONTRIBUTING CONDITION CONTRIBUTION		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart follow, esthenic, etc. in means the disease, injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it only, giving nies to the above cause (A) sloting the UNDERLYING CONDITION lost. DISEASES OR CONDITIONS, it only, giving nies to the above cause (A) sloting the UNDERLYING CONDITION lost. DISEASE OR CONDITION S. ONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). DISEASE OR CONDITION COVIN IN PART I (A). DISEASE OR CONDITION COVIN IN PART I (A). DISEASE OR CONDITION COVIN IN PART I (A). DISEASE OR CONDITION GIVEN I	4 1108	H APPROXIMATE INTERV
DUETO, OR AS A CONSEQUENCE OF: Continued and the mode of disease, injury or complication which caused death.] ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving nies to the above cause (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE TEAMINAL COMPLETE OF OR AS A CONSEQUENCE OF: CONDITION OF OR AS A CONSEQUENCE OF: CONTROL OF OR AS A CONSEQUENCE OF: CONTROL OF OR AS A CONSEQUENCE OF: CONTROL OF OR AS A CONSEQUENCE OF: CONTROL OF OR AS A CONSEQUENCE OF: CONTROL OF OR AS A CONSEQUENCE OF: CONTROL OF OR AS A CONSEQUENCE OF: CONTROL OF OR AS A CONSEQUENCE OF: CONTROL OF OR AS A CONSEQUENCE OF: CONT		
heart failure, astheria, etc. It means the disease, injury or complication which caused death.] ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving me to the above cause (A) stating the UNDERLYING CONDITION lost. (B) DUE TO, OR AS A CONSEQUENCE OF: (C) DISEASES OR CONDITIONS, it any, giving me to the above cause (A) stating the UNDERLYING CONDITION lost. (C) DISEASE OR CONDITIONS CONTRIBUTING (C) DISEASE OR CONDITION OF THE TEAMINAL OR CONTRIBUTING TO THE TEAMINAL OR CONTRIBUTION TO THE TEAMINAL OR THE TEAMINAL	(A) IMMEDIATE CAL	
DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT GOOD TO THE TERMINAL GIVEN GIN GIVEN GIV	heart failure, asthenia, etc. It means the disease,	
DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT GOOD TO THE TERMINAL GIVEN GIN GIVEN GIV	ANTECEDENT CAUSES CONCE	noma & Cransverse Colo
UNDERLYING CONDITION lost. (C) DEALTH SUFFICIANTS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOTEELAND TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART I AM 192- DATE OF OPERATION 192- CONDITION FOR WHICH OPERATION 192- DATE OF OPERATION 192- CONDITION FOR WHICH OPERATION 212- A ACCIDENT WAS UNDERLYING 192- CONDITION FOR WHICH OPERATION 213- A ACCIDENT WAS UNDERLYING 192- CONDITION FOR WHICH OPERATION 214- A CEDENT WAS UNDERLYING 192- CONDITION FOR WHICH OPERATION 215- THE DID WAS PERFORMED 216- THE DID WAS PERFORMED 217- THE DID WAS PERFORMED 218- PLACE OF INJURY (e.g., in or about 21.C. WHERE DID IN CERTIFING CAUSES OF DEATH? 218- PLACE OF INJURY (e.g., in or about 21.C. WHERE DID WINDERLYING COLURS OF DEATH? 218- PLACE OF INJURY (e.g., in or about 21.C. WHERE DID WINDERLYING CAUSES OF DEATH? 218- PLACE OF INJURY (e.g., in or about 21.C. WHERE DID WINDERLYING CAUSES OF DEATH? 218- PLACE OF INJURY (e.g., in or about 21.C. WHERE DID WINDERLYING CAUSES OF DEATH? 218- PLACE OF INJURY (e.g., in or about 21.C. WHERE DID WINDERLYING CAUSE OF DEATH? 218- PLACE OF INJURY (e.g., in or about 21.C. WHERE DID WINDERLYING CAUSES OF DEATH? 218- PLACE OF INJURY (e.g., in or about 21.C. WHERE DID WINDERLYING CAUSE OF DEATH? 218- PLACE OF INJURY (e.g., in or about 21.C. WHERE DID WINDERLYING CAUSE OF DEATH? 218- PLACE OF INJURY (e.g., in or about 21.C. WHERE DID WINDERLYING CAUSE OF DEATH? 218- PLACE OF INJURY (e.g., in or about 21.C. WHERE DID WINDERLYING CAUSE OF DEATH? 219- PLACE OF INJURY (e.g., in or about 21.C. WHERE DID WINDERLYING CAUSE OF DEATH? 210- PLACE OF INJURY (e.g., in or about 21.C. WHERE DID WINDERLYING CAUSE OF DEATH? 218- PLACE OF INJURY (e.g., in or about 21.C. WHERE DID WINDERLYING CAUSE OF DEATH? 219- PLACE OF INJURY (e.g., in or about 21.C. WHERE DID WINDERLYING CAUSE OF DEATH? 210- PLACE OF INJURY (e.g., in or about 21.C. WHERE DID WINDERLYING CAUSE OF DEATH? 210- PLACE OF INJURY (e.g., in or about 21.C. WHERE DID WINDERLYING CAUSE OF DEATH? 210- PLACE OF		A CONSEQUENCE OF:
19A-DATE OF OPERATION WAS PERFORMED 21A-ACCIDENT MAS UNDERLYING WAS PERFORMED 21A-ACCIDENT MAS UNDERLYING CAUSES OF DEATH? 21A-ACCIDENT MAS UNDERLYING CAUSE OF DEATH? 21A-ACCIDENT MAS UNDERLYING CAUSE OF DEATH? 21A-ACCIDENT MAS UNDERLYING CAUSE OF DEATH? 21B-BLACE OF INJURY (e.g., in or obout 21C, where DID home, form, factory, sheet, office bidg., injury occurry of the mode of the	underlying condition last, (c)	Nestran of (4) Dirphreson
19A-DATE OF OPERATION WAS PERFORMED 21A-ACCIDENT MAS UNDERLYING WAS PERFORMED 21A-ACCIDENT MAS UNDERLYING CAUSES OF DEATH? 21A-ACCIDENT MAS UNDERLYING CAUSE OF DEATH? 21A-ACCIDENT MAS UNDERLYING CAUSE OF DEATH? 21A-ACCIDENT MAS UNDERLYING CAUSE OF DEATH? 21B-BLACE OF INJURY (e.g., in or obout 21C, where DID home, form, factory, sheet, office bidg., injury occurry of the mode of the	1	
19A-DATE OF OPERATION WAS PERFORMED 21A-ACCIDENT MAS UNDERLYING WAS PERFORMED 21A-ACCIDENT MAS UNDERLYING CAUSES OF DEATH? 21A-ACCIDENT MAS UNDERLYING CAUSE OF DEATH? 21A-ACCIDENT MAS UNDERLYING CAUSE OF DEATH? 21A-ACCIDENT MAS UNDERLYING CAUSE OF DEATH? 21B-BLACE OF INJURY (e.g., in or obout 21C, where DID home, form, factory, sheet, office bidg., injury occurry of the mode of the	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
22. I certify that # (this hospital) attended the deceased fram that # (we) last saw the deceased alive an and haur and fram the causes stated abave. # (We) (did) (did net) view the bady after death. 23A. SIGNATURE Attending	DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
22. I certify that # (this hospital) attended the deceased fram that # (we) last saw the deceased alive an and haur and fram the causes stated abave. # (We) (did) (did net) view the bady after death. 23A. SIGNATURE Attending	19A DATE OF OPERATION WAS PERFORMED WAS PERFORMED	20A AUTOPSY? (Yos or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OF INJURY (APPROX.) While At Work Not While 19 10 19 10 19 19 19 19	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or contributing CAUSE OF loome, form, factory, street of	in or about 21 C. WHERE DID (If In Bollimore City, give exact location) (fice bldg., INJURY OCCUR?
APPROX. While At Work Wark Work Wark Work Wark Work Wo	21D-TIME (Month) (Dayl (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
22. I certify that M (this hospital) attended the deceased fram that M (we) last saw the deceased alive an In the day of the deceased alive an the day and that in (any) (our) apinian death accurred an the day and haur and fram the causes stated abave. M (We) (did) (did net) view the bady after death. 23A. SIGNATURE Attending Med. DEGREE Phys. Attending Med. Director Phys. 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) AA. BURIAL CREMATION, 24B. DATE 24C. NAME OI CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) BURIAL 11-28-69 HFBREW VOUNG MEN SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS BURIAL ROAD, MARY LAND SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS BURIAL ROAD, MARY LAND SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS BURIAL ROAD, MARY LAND SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR BROS. 6010 REISTERSTOWN R	Not While At Not While At	• 🗆
that (M(we) last saw the deceased alive an		
and haur and fram the causes stated abave. (We) (dld) (did net) view the bady after death. 23A. SIGNATURE Attending Med. Staff Director Phys.	10	19 2 and that in (av) (our) apinian death accurred an the
23A. SIGNATURE Contion Degree Attending Med. Director Phys.	·	
23C. PHYSICIAN'S NAME (Type) 4A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY BURIAL 11-28-69 HEBREW VOUNG MEN 5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR BURIAL 11-28-69 HEBREW VOUNG MEN 25C. FUNERAL DIRECTOR 25C. F		
23C. PHYSICIAN'S NAME ITPEL AN TORN KRITA YAKIRAGERE 4A. BURIAL CREMATION, 24B. DATE 24C. NAME OI CEMETERY OF CREMATORY BURIAL BURIAL 11-28-69 HEBREW VOUNG MEN 25C. FUNERAL DIRECTOR ADDRESS DEC 1 1969 BERS. 6010 REISTERSTOWN R	1 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ending Med. Stoff
BURIAL 11-28-69 HEBREW VOUNG MEN WINDSOR MILL ROAD, MARYLAND 5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS DEC 1 1969 BEES Jabes M.D. O SOL ZEVINSON & BROS. 6010 REISTERSTOWN R	23C-PHYSICIAN'S	
BURIAL 11-28-69 HEBREW VOUNG MEN WINDSOR MILL ROAD, MARYLAND 5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS DEC 1 1969 BEES Jabes M.D. O SOL ZEVINSON & BROS. 6010 REISTERSTOWN R	24A- BURIAL CREMATION, 1248, DATE 124C, NAME OF CEMETERY OF CRE	EMATORY DAD LOCATION (City body or county) (Str.
SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 250. FUNERAL DIRECTOR ADDRESS ADDRESS OF THE PROPERTY OF	DUDTIL	
DEC 1 1969 Page & Jaiber M. O O SOL LEVINSON & BROS. 6010 REISTERSTOWN R	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	1 1969 BBBE Jaber M. 9 0 0	SOL LEVINSON & BROS. 6010 REISTERSTOWN R

Marine and the second s

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	al (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	be obtained before the remains are embalmed or final disposition is made.	
ant if dea	direct or	d; (4) Und	ith was	on the d	dispositi	
his assisto	io, if the	of any kind	nced dea	endance	d or final	
miner or	niner. Als	fracture o	o pronou	gular att	embaime	
dical exa	ical exan	ns; (3) A	ician wh	vas in re	nains are	
chief me	y a medi	Body bur	the phys	nysician w	re the ren	
ed by the	d latidson	ature; (2)	pt where	(6) No pt	ned befor	
e approv	d to the h	of any n	tal (exce	th); and	t be obtai	
te must b	s released	accident	t a hospi	or to dea	oval must	
certifica	body was	ws: (1) An	was D.O.A. at a hospite	eased priv	written approval must	
This	the	sho	Was	dec	Wri	ı

Z-253 69 11797 BIRTH NO.		TE OF DEATH REG. NO. 69 11797
1. NAME OF DECEASED ISADORE ZE	KIND	2. DATE AND HOUR OF DEATH
3. PLACE IN SALTIMORE, MARYLAND, WHERE PRONOUN		4. USUAL RESIDENCE (Where deceosed lived, II institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE HOSPITAL OR ADDRESS OR LOCATION)	ON. GIVE STREET	C. CITY OR TOWN D. INSIDE CITY LIMITS?
SNAI HOSPITAL - BALTIMO	RE, MD	E. STREET AND NUMBER 3914 FORDLEGH PD. abt. C. #15
Alle Grandens	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 11 Under 1 Yr. II Under 24 H Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF B	DIVORCED	11 RIPTHELACE (State or form or the lace)
done during most of working life, even it retired) PROPRIETOR RETAI		11. BIRTHPLACE (Stote or foreign country) LITHUANIA USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
MEYER ZESKIND		EUNICE ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates at service)	6. SOCIAL SECURITY NO.	17. INFORMANY ADDRESS #212
	219-32-1020A	MRS. XXXX ZESKIND. 3914 FORDLEIGH RD. APT.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. Il means the disease, injury or complication which caused death.)	(A) IMMEDIATE CAU DUE TO, OR AS A	CA -? Head of namericas
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION tost.	(B)	A CONSEQUENCE OF:
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	******************************	Chronic Urmany track infections, 2° to
19A. DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED	ICH OPERATION	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED STO
OR CONTRIBUTING CAUSE OF hame, etc.)	ACE OF INJURY (e.g., in form, loctory, street, off	n or about 21 G. WHERE DID (If In Baltimare City, give exact location)
S OF INJURY (APPROX) While		
22. I certify that (I) (this hospital) attended the that (I) (we) lost sow the deceased alive on	deceased from	19 67 and that in (my) (our) opinion death occurred on the do
and hour and from the couses stated above. (1)	We) (did) (did not) vi	
23A. SIGNATURE	1/2 1.V)	23 B. DATE SIGNED
23C. PHYSICIAN'S	DEGREE Phys.	nding Med. Staff Phys. 11-76-69
NAME (Type) NORMAN B. ROS	EU, MD	SINAI HOSP BALTIMORE, MD
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAM	E of CEMETERY OF CRE	
BURIAL 11-27-69 AGUDA	S ACHIM ANSH	
DEC 1 1969 LETTE E 28 DAME OF	REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS SOL LEVINSON & BROS. 6010 REISTERSTOWN RO
V\$ 150-REV. 1/1/68		

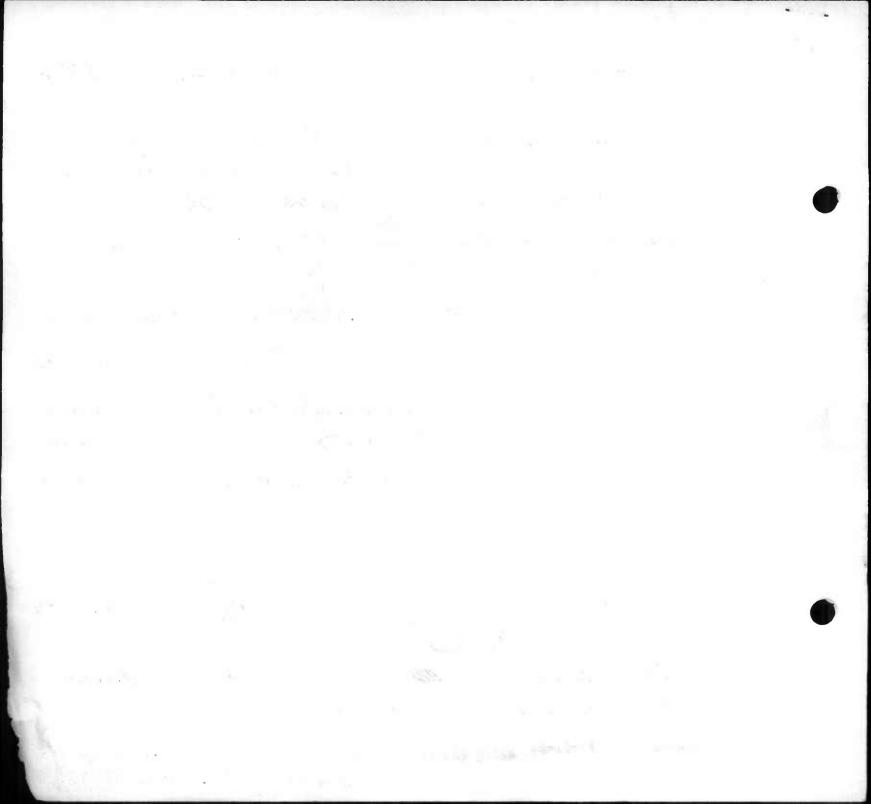


if death occurred in a hospital and, rect or contributing cause of death. (4) Undetermined cause; (5) Deceased	was in regular attendance on the the deceased prior to death. Such sposition is made.
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and, the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death: shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	- 530 69 11706	BALTIMORE CITY	HEALTH DEPARTMENT	69 11798					
BIF	-530 69 11798	CERTIFICA	TE OF DEATH	REG. NO	-,00				
	Pe or Print)	HEADS. LANDAU	2. DATE AND	HOUR OF DEATH	15 PM.				
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE 8. COUNT		nstitution: residence before admission)				
H	ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) STITUTION		C. CITY OR TOWN	D. IN	SIDE CITY UMITS?				
	7008 Park Hing	to avenue	BALTIMORE E. STREET AND NUMBER		YES NO				
C	10 apt H-	./	7008 PARK HEIGHTS AVE, APT. H-1 #21215						
	FEMALE WHITE WIDOV		lo	. AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
	A USUAL OCCUPATION (Give kind of work 10B, KINE to during most of working life, even if retired) HOUSEWIFE	AT HOME		n country)	12. CITIZEN OF WHAT COUNTRY?				
13.	FATHER'S NAME	AT HOME	RUSSIA 14. MOTHER'S MAIDEN NAM	E	USA				
	? SHAPIRO		UNKNOWN						
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of servi	16. SOCIAL SECURITY NO.	17. INFORMANT	. =	ADDRESS				
	NO	NO	MR TRUTME LAND	7008 F	H-1 #21215 AVE				
	CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH LEADING TO DEATH (A) IMMEDIATE CAUSE A, Cut & C, Yo wary Occlusion DUE TO, OR AS A CONSEQUENCE OF:								
	(This does not meon the mode of dying, heart failure, asthenia, etc. 11 means the dise injury or complication which caused death.)	(A) IMMEDIALE CAU DUE TO, OR AS A	A CONSEQUENCE OF:	uary of	eccayoq				
	ANTECEDENT CAUSES	(B) ASC	V D A CONSEQUENCE OF:		years				
	DISEASES OR CONDITIONS, if ony, givenise to the obove couse (A) stoting	the	A CONSEQUENCE OF:						
	UNDERLYING CONDITION last.	(C)							
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).								
ERTIFIC		OR WHICH OPERATION	20A. AUTOPSY? (Yes of No)		FINDINGS CONSIDERED AUSES OF DEATH?				
CALCI	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltima	ore City, give exact location)				
MEDIO	21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E, INJURY OCCURRED While At Not While Work At Work		RY OCCUR?					
	22. I certify that (I) (this haspital) attende		11 - 3 - 19	64 to	11-26- 1969.				
					inian death accurred an the date				
		that (1) (we) last saw the deceased alive an 11-26-1969 and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above. (1) (We) (did) (dld nat) view the bady after death.							
	23A. SIGNATURE	23B, DATE SIGNED							
	lew Valle wer	DEGREE Phys		hys.	11-26-69				
	23C. PHYSICIAN'S NAME (Type) CESAR VALL	DEGREE PHYS	8629 Liber	ty Rd.					
24	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 246	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (C	City, town, or county) (Stotel				
25	A DATE REC TO THE MEAN THE DEPT.	LUBAWITZ ROSED	ALE BAI	LTO. MARYL	AND				
10	EC 1 1202 3 200 5 4 2000	6900			10 REISTERSTOWN ROAI				
VS	150-REV. 1/1/68	***************************************	0 , 0						

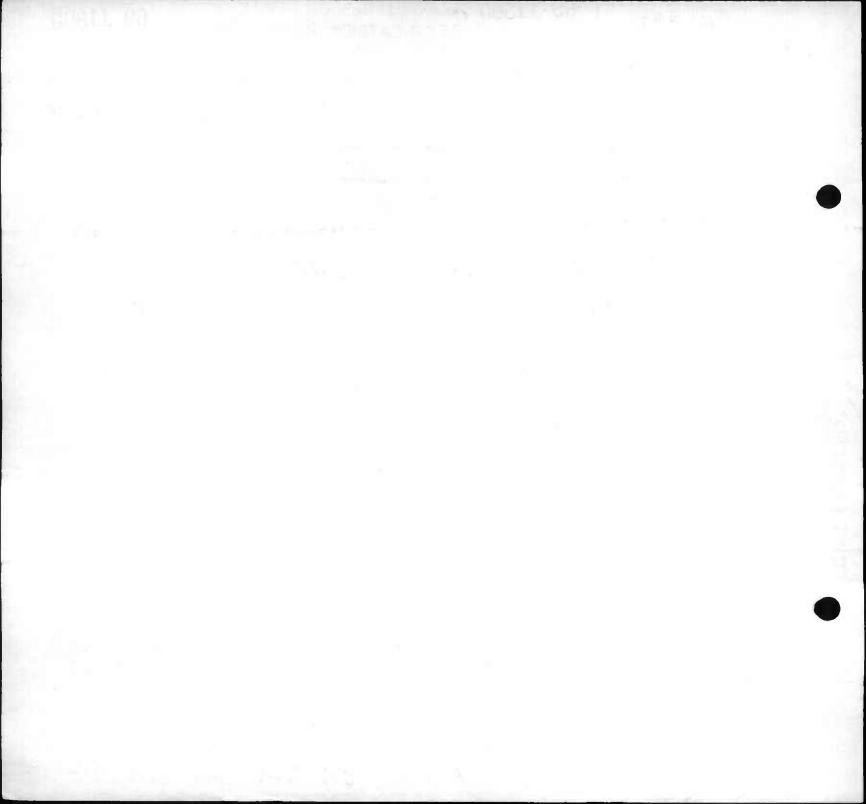
A HUEBT & CHANTON

H	1 - 2 / 1 mon	HEALTH DEPARTMENT	1799					
	., ., .,	TE OF DEATH REG. NO. 03	LITIOU					
	ame of deceased a of Printle SAYA BOOK	2. DATE AND HOUR OF DEATH	830 p					
3. PI	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, if institution; res	idence before odmissi					
HOS	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIA	5300					
	Sinai Hospital of Battimore	BAHIMOYE YES	№ □					
4	2	6608 Amleigh Rd	#21209					
5. SE	FEMALE WHITE WIDOWED DIVORCED	8. DATE OF BIRTH 9 9. AGE (In cors lost birthday) Months: I	1 Yr. If Hader 24 H					
done	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZE	N OF WHAT COUNT					
13. F	HOUSEWIFE AT HOME	14. MOTHER'S MAIDEN NAME	SA					
	ESER MAULKIN	ADA ?						
15. W (Yes,	os Deceosed Ever in U. S. Armed Forces? 10 or unknown) (If yes, give war ar doles of service) 11 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS					
$\overline{}$	NO 218-32-2575A	MR. ALBERT BOOK, 8910 ALLENSWOOD	ROAD					
	8. CAUSE OF DEATH		APPROXIMATE INTERVAL TWEEN ONSET AND DEA					
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	Palaurania	7. 00%					
	This does not mean the mode of dying, e.g., heart lailure, osthenio, etc. It meons the disease.	SE NEUMONICO A CONSEQUENCE OF:	divees					
	injury or complication which caused death.)							
	ANTECEDENT CAUSES	boussella Accident	1 years					
		A CONSEQUENCE OF:						
	ise to the above cause (A) stating the UNDERLYING CONDITION last.	SCVD	years					
	11							
Ę I	TOP LOT ON A STATE OF THE STATE	Letes mellita	Years					
TIFICA	PAL DATE OF OPERATION GIVEN IN PART 1 (A). 9A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 17A- ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., in part of the contraction of the	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS OF DE	ONSIDERED					
	TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF hame, form, foctory, street, off etc.)	n or about 21C. WHERE DID (II in Boltimare City, give bidg., INJURY OCCUR?	exact locotian)					
0 2	1D.TIME (Manih) (Doy) (Yeorl (Hourl 21& INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
	APPROX.) While At Not While At Work							
2	22. I certify that (1) (his hospital) attended the deceased from 11/8 19 59 to 11/26 19 69							
ŧ1	tho (1) (we) last saw the deceased alive an 11/26 19 69 and that la (my) (aur) opinion death occurred on the date							
a	and hour and from the causes stated above (1) We)(did) did not) view the bady after deoth.							
2;	3A. SIGNATURE	23B. DATE	SIGNED					
	- Stanfel & Tellinger Phys	nding Med. Staff Director Physical II	/21/6					
2		3D. ADDRESS						
	STANFORD H. MALINOW MID	SINAI HOSPITAI						
24A.	BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF CRE		county) (Stotel					
	BURIAL ATT	Z CHAIM WASHINGTON BLVD. MA	מעו אעם					
CEAL	DATE RECORD HEALTH DEPT. NOR HARE OF COSTANTAL ALL	2 CHAIM WASHINGTON BLVD. MA	RYLAND					
Same .								



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.		a hospital and tause of death se; (5) Deceased indance on the to death. Such
rificate must be approved by the chief medical examiner or his assistant if y was released to the hospital by a medical examiner. Also, if the direct (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) O.A. at a hospital (except where the physician who pronounced death wed prior to death); and (6) No physician was in regular attendance on the approval must be obtained before the remains are embalmed or final dispo		death occurred in to contributing of Undetermined causes in regular attended as in regular attended deceased prior is made.
rificate must be approved by the chief medical examiner. If was released to the hospital by a medical examiner. (1) An accident of any nature; (2) Body burns; (3) A fractuo. A. at a hospital (except where the physician who proped prior to death); and (6) No physician was in regular approval must be obtained before the remains are emba	IMPORTANT	Also, if the direct re of any kind; (4) nounced death w attendance on the
£ >=0000	FUNERAL DIRECTOR:	ficate must be approved by the chief medical examiner was released to the hospital by a medical examiner. An accident of any nature; (2) Body burns; (3) A fractur A. at a hospital (except where the physician who pror prior to death); and (6) No physician was in regular pproval must be obtained before the remains are embal

F. 524 69 118	DO BALTIMORE CITY HEALTH DEPARTMENT	9 11800
BIRTH NO.	CERTIFICATE OF DEATH Registered No.	1 TTOON
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
(Type or Print)	S. 010	1 10:00 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution	1471
	A. STATE B. COUNTY	
FULL NAME OF (If not in hospital or institut		1102
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL	and give township)
1 1 6 100	1 Asp MD	
Maryland Fener		_1
	524 N Charles	ST.
5. SEX 6. RACE V 7. MAR	RIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If L DWED, DIVORCED (specify) last birthdoy Mon	Inder 1 Yr. If Under 24 Hrs. ths: Days Hours Min.
M	JING Le 1/7/1904 65	
10A DJUAL OCCUPATION (Give kind of work 10B, KIN)	D OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
done during host of working hie, even it remed)	10 GOFT MARILAND	21 5 7.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	VI. 9 .
C 15 2 5	1 +1-1 1 0	1
CARLLON DE	ighe Edilh 4. Juno	/er
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (II yes, give war or dates of serv	16. SOCIAL 17. INFORMANT	ADDRESS
Ver WW H	215-03-5130A tey ROMEMOUS) Am 2
ViB. 1222	CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
LEADING TO DEATH	a on money exemp	
(This daes not mean the made of dying,		A
heart failure, asthenio, etc. It means the dise injury or complication which caused deoth.)	oase,	
ANTECEDENT CAUSES	(B) Caralac artymi	4
DISEASES OR CONDITIONS, if any, gi	DUE TO	
rise to the obove cause (A) stating		••••••
UNDERLYING CONDITION last.		
ll II		-96
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		
DISEASE OR CONDITION CAUSING IT.		ICC CONTRIDER
198. CONDITION WAS PERFORMED 198. CONDITION I WAS PERFORMED	FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDII IN CERTIFYING CAUSES	OF DEATH?
2) A ACCIDENT WAS UNDESTRUCT	23 P. D. A. G. C. LALLURY / - 1	
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, office bldg., INJURY OCCUR?	give exact location)
DEATH (notily medical examiner)	etc _*)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Not While At Work	
22. I certify that (I) (this haspital) attend		27 1969,
	11/17	
that (I) (we) last saw the deceased alive		death accurred an the date
	ve. (1) (We) (did) (d id not) v iew the bady after death.	
23A. SIGNATURE		DATE SIGNED
mille	M.D. Attending Med. Director Phys.	27
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	
TAMINE (Type)	M.D.	
24A, BURIAL CREMATION, 24B. DATE 24	IC. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City to	vn, or county) (State)
DEMOVAL (Specify)	1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A	2/1/
DURING /2-1-69 F	age fill lemiery (harles You	M IV UA
25A, DATE REC'D BY HEALTH DEPT.	ME TEGISTRAR 25C FUNERAL DIRECTOR	ADDRESS DI
DECT 1902 Design of	CO O O O PNAN TIM XOU	179. Tond Pa
1 2		



This certificate must be approved by the chief medical examiner ar his assistant if death occurred in a haspital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. of a haspital (except where the physicion who pronaunced deoth was in regulor offendonce on the deceased prior ta death); and (6) No physicion was in regulor aftendonce on the deceased prior to deoth. Such written opproval must be abtained before the remoins are embolmed or final dispositian is made.

0		BALTIMORE CITY	HEALTH DEPARTMENT	,	CO 44004
BIRT	-425 69 118	O1 CERTIFICA	TE OF DEATH	REG. NO.	69 11801
1. N. (Typ	AME OF DECEASED or Print COLLISON, E	TA LOUISE	11-		5 A- M.
	LACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUN	TY	
HO	IL NAME OF (IF NOT IN HOSPITAL OR IN SPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	CARROL D. INSI	DE CITY LIMITS?
	5346 JAMES		WESTMINSTE E. STREET AND NUMBER	R	YES NO P
0		MORE, 29. MD	DEER PA	RK ROA.	D RFD#6
S. S	FEMALE NHITE WIDOV	NEVER MARRIED DIVORCED DIVORCED		ost birthday)	Months Days Hours Min.
t0A.	USUAL OCCUPATION (Give kind of work 10B. KINE during most of working lite, even if retired)	OF BUSINESS OR INDUSTRY	11. BtRTHPLACE (State ar foreig	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?
	HOUSE-WIFE	WORKER	OAKDALE,	PENNA.	4.5.9.
13. F	ATHER'S NAME	2	14. MOTHER'S MAIDEN NAM	to de de la constitución de la c	
	JOHN W. LEONAR	D	MARY NE	AVER	
1S. V (Yes	Vas Deceased Ever in U. S. Armed Farces? no or unknown) (If yes, give wor or dates of servi	16. SOCIAL SECURITY NO. 171-12-8596	MR. JOHN W. LE	ONARD 5	346 JAMESTOWN CT. BALTINGREZGAD
	DISEASE OF CONDITION DIRECTLY	CAUSE OF DEATI	1 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU	SE <u>Carcinoma o</u> A CONSEQUENCE OF:	f Colon	4 mos.
	(This daes nat mean the made of dying, heart failure, asthenia, etc. II means the dise injury ar camplicalian which caused death.)	dse,	A CONSEQUENCE OF:		
1	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if any, gi	9	A CONSEQUENCE OF:		
	rise Ia lhe abave cause (A) slating UNDERLYING CONDITION last.	(C)			
	II 1				
A	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).				
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes ar Na)	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
CER	21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Baltimar	e City, give exact location)
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	tice bidg., INJURY OCCUR!		
ā	21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
8	(APPROX.)	White At Not While Work At Work	•		
	22. I certify that (1) (xhts: has pixel) ottend	ed the deceased from	Nov. 18 1	9 69 to Nov	.26 19.69 ,
	that (1) (great lost saw the deceased olive	on Nov. 25	19_69and the	ot In(my) (ZEDE) api	nion death occurred on the dote
	ond hour ond from the causes stoted obov	e. (1) (1906) (did) (1807(1806)) v	iew the body ofter deoth.		
	23A. SIGNATURE	/- Au	nding Med.	S1-11	11/27/69
	400	DEGREE	s. Director D	Phys.	11/21/09
	NAME (Type) Leo J. Gaver, M.		23D. ADDRESS 1 Mallo	w Hill Ave.	,
246		DEGREE C. NAME of CEMETERY OF CRE		re, Md.	to the second of
ZAA	BURIAL CREMATION, 24B, DATE 241	AND WIFIL MEN	PARK OU	CATION (C)	ly, town, or county) (State)
254	DATE REC'D BY HEALTH DEPT. 25B, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	TLAVILLE	ADDRESS
n	FC 1 1060 00 R. R. B. Jack	CMB C	a see so see	1 100	1
	The same of the sa	MAN THE SECOND			

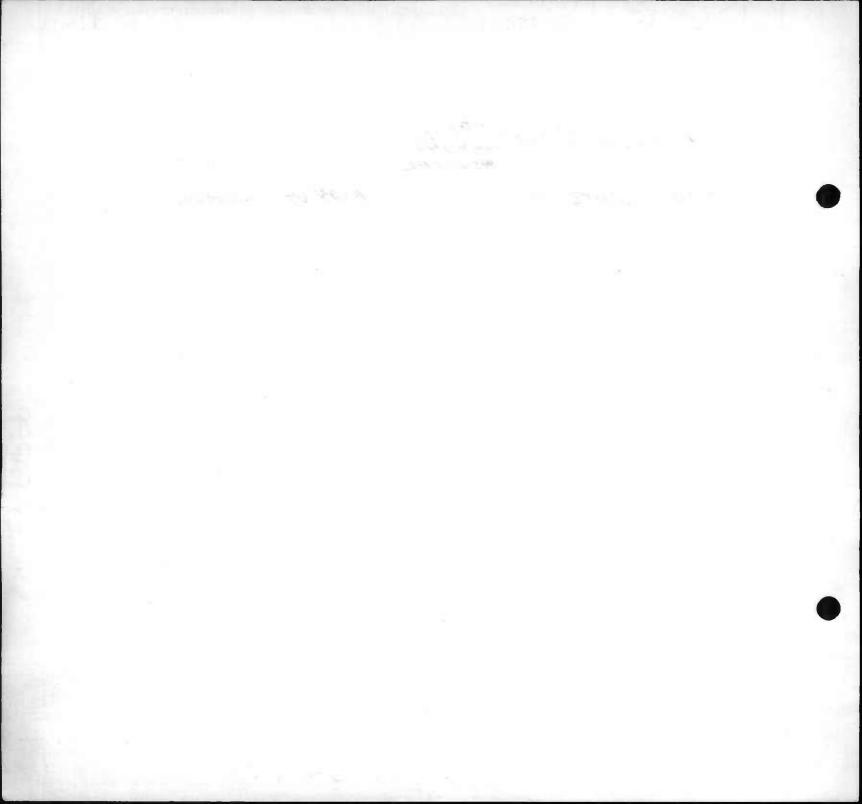


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE	CITY HEALTH DEPARTMENT	4000						
E-152 69 11802 CERTIFIC	CATE OF DEATH X REG. NO. 69 1	1802						
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. II institution: residence A, STATE B, COUNTY	65 A M e before admission)						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND DORCHESTER C. CITY OR TOWN D. INSIDE CITY LIMITS?	9-00						
INSTITUTION VETERANS ADMINISTRATION HOSPITAL	FEDERALSBURG YES	NO 🖫						
23 3900 LOCH RAVEN BOULEVARD	E. STREET AND NUMBER	- A						
BALTIMORE, MARYLAND 21218	RFD 1							
S. SEX 6. RACE 7. MARRIED NEVER MARRIED NAIE Negro NIONED DIVORCED	= 0 4 00	If Under 24 Hrs. Hours Min.						
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN O	WHAT COUNTRY						
LABORER Saw Mill	DORCHESTER COUNTY, MARYLAND U.	S. A.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
GEORGE EVANS	SADIE JOHNSON							
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT VA HOSPITAL RECORDS	RESS						
YES 2-3-43 TO 10-15-45 216-16-773		218						
18. CAUSE OF D	DEATH	OXIMATE INTERVAL						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cardiac arrest	2 Hrs.						
(A) IMMEDIATE								
heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)	NATA CONSEQUENCE OF							
ANTECEDENT CAUSES		2 Hrs.						
DISEASES OR CONDITIONS, if ony, giving DUE TO, O	R AS A CONSEQUENCE OF:							
rise to the above couse (A) stoting the UNDERLYING CONDITION last. (C)	a contract of the contract of							
(0)								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).								
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	NO 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIN CERTIFYING CAUSES OF DEATH	IDERED ?						
U 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY	e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exoctet, office bldg., INJURY OCCUR?	locotion)						
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	-						
	While Work							
22. I certify that (1) (this haspital) attended the deceased from 10 NOVEMBER 19 69 to 20 NOVEMBER 19 that NO (we) last saw the deceased alive an 20 NOVEMBER 19 69 and that in (mg) (aur) apinion death occurred an								
23A. SIGNATURE OF SIGNED 23B. DATE SIGNED								
23 C. PHYSICIAN'S DEGREE	Phys. Director Phys. L	- 5						
NAME (Type) Paul L. Tecklenberg, MD.		4						
	EGREE 3900 Loch Raven Blvd., Baltimore, Md							
REMOVAL (Specify)								
Burial Nov. 26,69 Cokesbury 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Near Federalsburg, Dorc	DDRESS						
DEC 1 1989 200 5 1660 940 0	Bampton Funeral Home, Federals	1000						
VS 150-REV. 1/1/6B	Ombeoret derat tione, tenerals	July, Mu.						

county is carroll not Darchester.

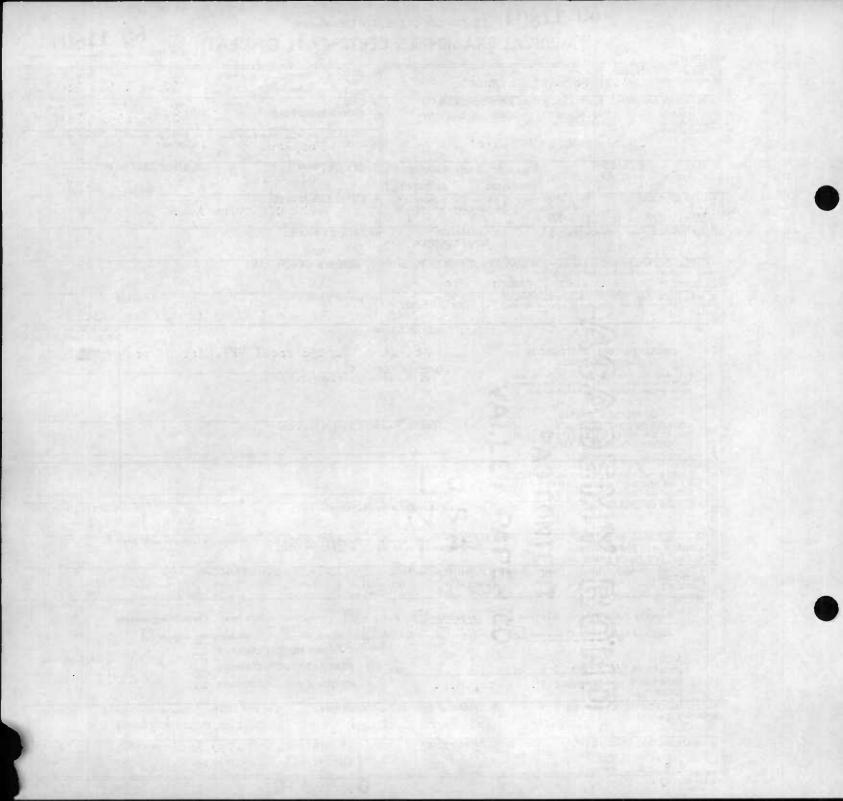
150-REV. 1/1/65



M-635 69 11804 BALTIMORE CITY HEALTH DEPARTMENT

69 11004

BI	RTH NC.		WED	ICAL	EX	CAMINER'S	LEKITE	CATE	: OF	DEAT	H REG. NO.	7	1904
1. (Ty	NAME OF DEC	George					2. DATE OF DEATH	Knawr	oted [3]	Manth 11	Day 27	Year 1969	2:00 P.
FU	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)						3. DATE	UNCED D	EAD	Month 11	Doy 27	Yeor 1969	2:10 P
	INSTITUTION	Johns H					5. USUAL A. STATE	Mary	E (Where		ed. If institution B. COUNTY	residence b	elore odmission)
6.	sex Male	7. RACE Color	ed	8. MARRI	_	NEVER MARRIED	C. CITY O	R TOWN Balt:	imore		D. INSIDE CIT	r36	000
	DATE OF BIRT	Н	10. AGE (In lost bighdoy	yeors	If Und	der 1 Yr. If Under 24 Hrs.	E. STREET			tview	Ave.	s 🖺 ı	NO [_]
11.	BIRTHPLACE (S				W	TIZEN OF	13. FATHER	unk.					
L	aborer S	teel Wo	rker	Sparr	ows	USINESS OR INDUSTRY		unk.	EN NA	AE			
(Ye	WAS DECEAS s, no or unknown)	ED EVER IN I (If yes, give w W.W.I	or or dotes o	FORCES?	?	17. SOCIAL SECURITY NO. 216-10-3848	18. INFOR		on 17	721 Cli	ftview .	Ave. 2	1213
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl follure, osthenlo, etc. il means the disease, injury or compilication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LOST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							QUEN CE OI	f:	ovascu	lar dise	ease	
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W. 22A. EXTERNAL CAUSE WAS 122B, PLACE OF INJURY (e.g., p. 122B).										1	'SY? (Yes or No) NO	
MEDICAL	UNDERLYING UTING CA 22D. TIME (OF INJURY (APPROX.) 23.	OR CONTUSE OF DEAT Month) (Death Month) (Dea	RIB- IH. oy) (Yeor)	(Hour)	22E WH	Inspection Suicid	while opsy opsy defined the Deputy	ond the	DID INJ	URY OCCU is bests, of		opinion	DATE SIGNED
	A.BURIAL CREA MOVAL (Specif Burial	AATION, 24	12-2-6	9	1	NAME of CEMETERY of		DRY	1	ocation altimor	(CHy, town,		(Stote)
	DEC	1 1965	B Page	25B. NA	ME.C	PEREGISTRAR'				R 1735 Jones	Harfor® Jr.	DRESS.	21213
VC	161 DEV 2/2//0												



BALTIMORE CITY HEALTH DEPARTMENT 69 11805 69 11805 CERTIFICATE OF DEATH and Deceased Such death I. NAME OF DECE CUEL CH (Type or Print) LO hospital death. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY attendance (2) cause MI FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (4) Undetermined cause; 0 O D. INSIDE CITY LIMITS? YES V No [prior contributing STREET AND NUMBER occurred is made regular 5. SEX 6. RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. If Under 1 Yi. Months: Doys deceased lost birthdoy Hours WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death disposition = done during most of working life, even il retired) 2 Was the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME direct 4 assistant death 0 kind; 5. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service) ADDRESS final SECURITY NO. attendance any pronounced o CAUSE OF DEATH APPROXIMATE INTERVAL his BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY lmed fracture of LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart lailure, asthenia, etc. It means the disease, examiner ular emba examiner. injury ar camplication which caused death.) ic Heart ANTECEDENT CAUSES who 0 9 4 are DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A CONSEQUENCE OF 9 rise to the abave cause (A) stating the = the physician remains UNDERLYING CONDITION Igsl. medical Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). any nature; (2) Body the 19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 0 before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF Where 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) to the hospital MEDICAL DEATH (notify medical examined) 5 obtained 21 D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved OF INJURY (except Not While (APPROX.) and Work At Work 22. I certify that 👚 (this haspital) attended the deceased fram that (1) (well lost sow the deceased alive on 99 death) and that In(my) (our) opinion death accurred an hospital accident of and Maur and from the Couses stated above. (1) (We) (did) (did not) view the bady after death. he body was released must 23 B. DATE SIGNED Attending Med. prior to approval Phys. Director 0 DEGREE 23D. ADDRESS ā An D.O.A. DEGREE 24A. BURIAL CREMATION, REMOVAL (Specify) deceased DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) written Was 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDI VS 150-REV. 1/1/6B

to in the war they A Comment TONE · M /4 Comment of the same Attender in their new e=11 2 186/4

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
as releas n accide at a hos rior to de
body we ws: (1) A s D.O.A. eased pr
the sho was

B-340 69 1180	BALTIMORE CITY	HEALTH DEPARTMENT	69 11806					
	CERTIFICA	TE OF DEATH Registered No.	00 11000					
I. NAME OF DECEASED LUVENIA	BATTLE	2. DATE AND HOUR OF DEATH	750 AN					
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution: residence before admission)					
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location) INSTITUTION	ion, give street	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)					
48 Md. General	Horp	BALTIMOYCE D. STREET ADDRESS (If rurol, give location)	40					
		2706 SETHLOW RS	3					
IE N SUP.		B. DATE OF BIRTH 07-20-07 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min,					
10A, USUAL OCCUPATION (Give kind of work 10 g, KIN) done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
13, FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
Samuel Hal		L. MONROE						
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of servi	SECURITY NO.	Essie Clark 804B	redseview Rd,					
18. 250.91	CAUSE	OF DEATH ROLLING	INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Varaulites	104					
(This does not mean the mode of dying, heart failure, asthenia, etc. It meons the dise injuty or complication which caused deoth.)		V song men	2-3 NO					
ANTECEDENT CAUSES	DUE TO	0						
DISEASES OR CONDITIONS, if any, gi rise to the obove cause (A) stating UNDERLYING CONDITION last.		Prabetes Mellitu	-					
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE							
19A. DATE OF OPERATION 198. CONDITION F	of which operation	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?					
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	in at about 27C. WHERE DID (If in Baltima ffice bldg., INJURY OCCUR?	are City, give exact lacation)					
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (A PPROX.)	21 E. INJURY OCCURRED While At Not White Work At Work							
22. I certify that (I) (his hospital) attended the deceased fram 1969 to 1969 to 1969 to 1969 that (I) (we) ost sow the deceased alive on 1969 and that in (my) (pur) apinian death occurred on the ond haur ond fram the causes stoted above. (I) (We) (Bid) (did not) view the body after death.								
23C. PHYSICIAN'S NAME (Type)	COSSBERG MOMO.	23D. ADDRESS Md Ceneral	Ang					
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	MA CEMETERY OF CR	12217	City, town, or county) (State)					
25A. DATE REC'D BY HEALTH DEPT. 25B.NA.	ME OF REGISTRAR	25C FUNERAL DIRECTOR a Rich	6614 Bare &					
VS 150-REV. 1/1/65								



VS 151-REV. 1/1/68

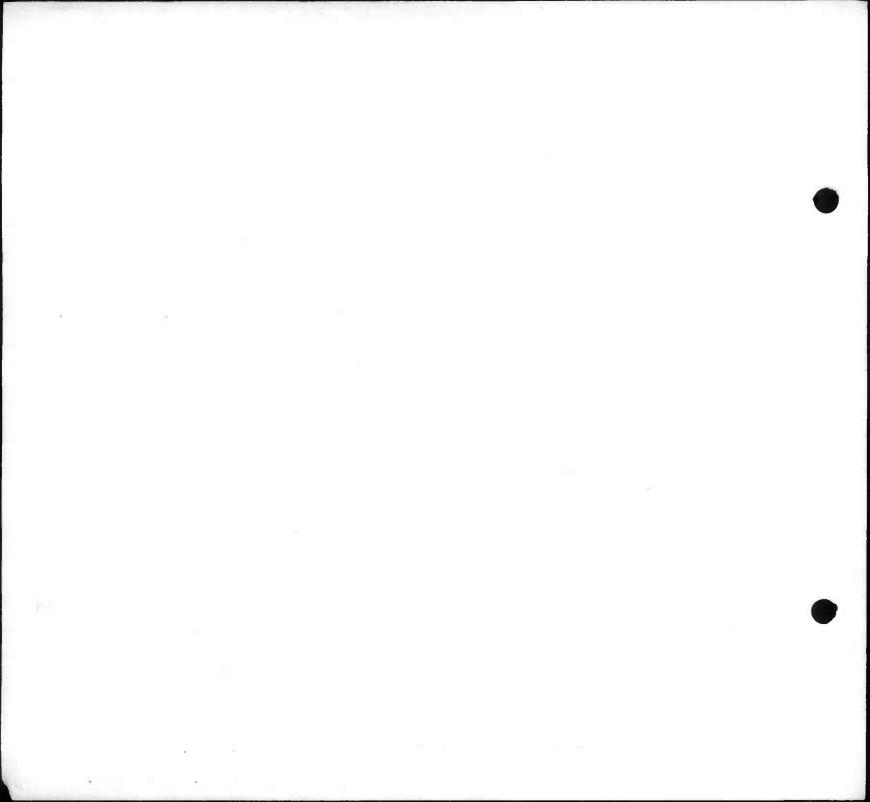
1 = 2	0 6	9 11	807		BALTIMORE CITY	/ HEA	AITH DEPA	PTMENT						713
17-50	0				AMINER'S				OF	DEAT	н	69 -	1100	,
BIRTH NO.									. 01		REG. NO.	00	TTOU	
1. NAME OF DECEASED (Type or Print)							2. DATE OF	Known	, 0	Month	Doy	Year	Hnur	
	EARL	AMICK		101401	INICED DE AD		DEATH	Estimo	oted 🗆					М.
4. PLACE IN BAI							3. DATE PRONC	UNCED D	EAD	Manth	Doy	Year	Hour	-
OR INSTITUTION	ADDRE	SS OR LOCA	TION)		N, GIVE STREET		5 HSHAL	ESIDENICI	F /Wher		ber 28,			P.M.
UNIVE	RSITY H	OSPTTA	T. (D	(AO			A. STATE		ylan		B. COUNTY	2	1. 4/1	isionj
6. SEX	7. RACE	001 1111			NÉVER MARRIED	DXI	C. CITY O		ylan	iu	D. INSIDE C	ITY LIMITS?	2 / /	
Male	Whi	te	WIDOW				Balti	more				Es 🖺	No 🗆	
9. DATE OF BIRT	н	10.AGE (In	years	If Und	er 1 Yr. II Under 24	Hrs.	E. STREET		MBER			E3 []	140	
May31.1	922	lost birthda	7	Monins	Days Hours	MIn.	552	7 Bela	ir R	load				
11. BIRTHPLACE	State ar foreig	n cauntry)			IZEN OF		13. FATHE	'S NAME		14.11				
Baltim	ore Md				HAT COUNTRY?		Cha	rles	Ami	lck				
dane during most of	PATION (Give	kind of work	4B. KIND	OF B	SINESS OR INDU	ISTRY	15. MOTH	R'S MAID	EN NA	ME				
Shippin	g Cler	k	Per	el	Shoe Co.		В.	lanch	e Da	vis				
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (If yes, give war or dotes of service) 10 21 16-3676					Mrs.	Loui	se I	Rosent	erger	ODRESS (SIS1	ter)			
CAUSE OF DEATH 214-16-3676 5527 Relair Rd. Beltimore Md. 2]206 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH														
DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease														
	LEADING TO DEATH													
heort foilure	(This does not mean the made of dying, e.g., heart foilure, osthenio, etc. it means the disease, injury or camplication which caused death.)													
injury or car	npiicotian whic	n caused dec	oin.)											
	NTECEDENT		CIVILIO		(B)	OPA	S A CONSI	OHENCE () F.					
RISE TO TH	OR CONDITION E ABOVE CAT NG CONDITI	JSE (A) STAT	ING THE		DUE 10,	OK A	S A CONSI	GUENCE	Jr:			bet f		
NO NOEKETII	NO CONDIII	ON LASI.		201	(c)									
OTHER SIGN		II IDITIONS CO	ONTRIBUT	ING			4-4-	HEIRE			1246	100		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No)														
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOP							OPSY? (Yes o	r Na)						
- 1												ye	S	
UNDERLYING	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in Baltimare City, give exact lacotion) 1 UNDERLYING TOR CONTRIB. 22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in Baltimare City, give exact lacotion) 1 UNDERLYING TOR CONTRIB.													
		oy) (Yeor) (Havr) 22E	INJURY OCCURR	RED.		22F. HOW	DID IN	JURY OCC	UR?			
(APPROX.)				m. WH		NOT Y	WHILE D							
23.				7							12000			
	ify that I he				Inspection	-	opsy X		_		death in my	_		
resul	ted from: N	oterol cou	ses X	Acc	Ident Su	ricide	• 📙 н	omicide [ned monner			
ACTUAL	1	in o.	111	1/	1000	4	456						DATE SIGN	NED
SIGNAT	1	we	14,	per l		M.D.								
EXAMIN NAME (1	(ype) Ron	ald N.	Korn						DICAL	EXAMINER		11/29	/69	
24A. BURIAL CREA	MATION, 2	4B. DATE		24C.	NAME of CEMET	ERY o	r CREMAT	ORY	24D.	LOCATION	(City, tow	n, ar caunty) (Stat	le)
Burial		.1.19	69	E	Baltimore	e C	emete	ry	E	Baltin	ore Mo	l.		
25A. DATE REC'D	BY HEALTH	DEPT.	258. N.	AME C	F REGISTRAR			FUNERAL			T	DDRESS		
DEC 1	H CANDED & CONCINC													

on the markets are in the THE STREET OF THE .00 month favored and the state of the state a section . Amendmentally continue to the

FUNERAL DIRECTOR: IMPORTANT

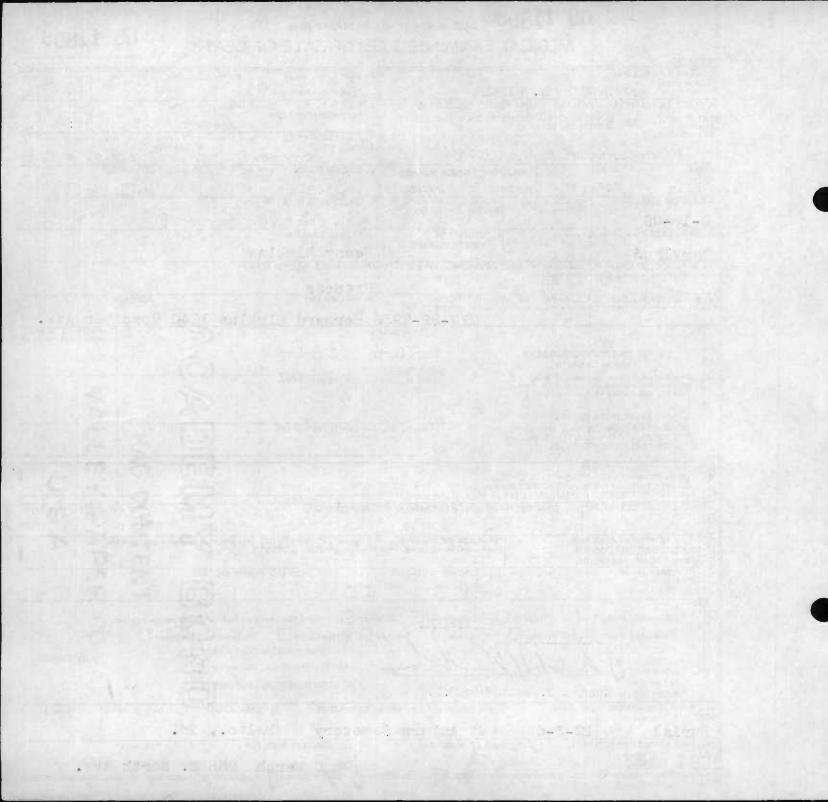
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 69 11808 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 69 11808	}					
I. NAME OF DECEASED (Type of Print) 2. DATE AND HOUR OF DEATH						
MKS, HNNETTE POCKNER 11-28-69	M.					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where doceased lived, If institution: residence before) 4. USUAL RESIDENCE (Where doceased lived, If institution: residence before)	re admission)					
	23					
INSTITUTION D. INSIDE CITY LIMITS?						
E. STREET AND NUMBER	01					
S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If U	U I					
WIDOWED DIVORCED S/24/42 lost birthdoyl Months: Doys Hour	Inder 24 Hrs. S Min.					
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHA	T COUNTRY?					
South Carolina						
13. FATHER'S NAME						
John Jones Selena Owens!						
15. Wes Decoased Ever in U.S. Armod Forces? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO.						
William Buckner 212 N. Monroe S	t.					
	TE INTERVAL					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						
(This does not meen the mode of dying, e.g.,						
heort foilure, osthenio, etc. It means the disease, injury or camplication which caused death.)						
ANTECEDENT CAUSES Wheedry disodered whee dates						
DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A CONSEQUENCE OF: nise to the obove couse (A) stoling the	(-)					
UNDERLYING CONDITION last. (C)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ETO THE TERMINAL ADDISEASE OR CONDITION GIVEN IN PART 1 (A)	w					
	0					
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg, INJURY OCCUR?	n)					
S OF INJURY						
Work At Work						
22. I certify that (I) (this hospital) attended the deceased from 170000000 19 to 1900 to						
II I THAT THAT I THAT THE THE THE THE THE THE THE THE THE TH	that (1) (we) last saw the deceased alive an Morenter 88 19 69 and that In(my) (aur) apinian death accurred an the date					
and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE/SIGNED /						
Lope T. Villa Jr. M. D. Attending Med. Director Phys. 11/88/0	9					
23C. PHYSICIAN'S NAME (Typo) 23D. ADDRESS	2					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)	(Stote)					
Burial 12-3-69 Balto National Cemetery Balto. Md.						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REDISTRAR 2SC. FUNERAL DIRECTOR ADDRESS						
VS 150-REV. 1/1/68 Wmgc March 2928 E. North Ave.						

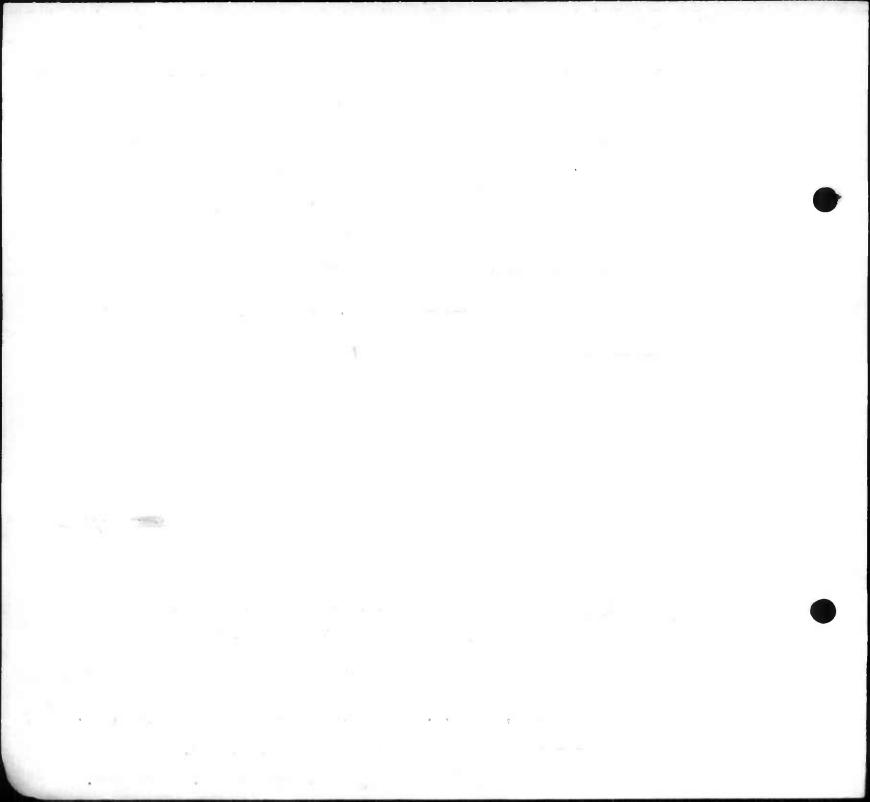


H-125	69 11809	BALTIMORE CITY HEALTH DEPARTMENT
//	MEDICAL	EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.		MILL	ICAI		AMIINEK 3	LEKTIFI	CATE OF	DEAT	REG. NO.		
I. NAME OF DE	CEASED					2. DATE	Known 🗆	Month	Day	Year	Hnur
(Type or Print)	ELLSWO	ם עידים	. HI	מדעם	rc .	OF	Estimated		Juy	real	ring,
4. PLACE IN BA						DEATH 3. DATE	Estimated [-		M.
FULL NAME OF					ON, GIVE STREET		JNCED DEAD	Manth	Doy	Yeor	Hour
HOSPITAL OR INSTITUTION	ADDR	ESS OR LOCA	TION)	,,,,,	or, orve sikeer				ber 29,		8:40 A.M.
OK INSTITUTION						5. USUAL R	ESIDENCE (Whe	re deceased li		residence b	sefare admission)
2004	Greenmo	unt Av	enue	(D	OA)	A. SIATE	Marylan	d	B. COUNTY	12	134
6. SEX	7. RACE		8. MAR	PIED [NEVER MARRIED	C. CITY OR		<u> </u>	D. INSIDE CIT	Y LIMITS?	1
Male	Neg	rro	WIDO			D . 1					
9. DATE OF BIRT		10. AGE (1			DIVORCED der 1 Yr. If Under 24 Hrs.		timore		YE	s 📙	NO L
		last birthda	Y)		is Days Hours Min.	E. SIKEEL	AIND INDINER				
9-18-02			67				Greenmou	nt Aven	iue		
II. BIRTHPLACE	State or foreign	on country)			TIZEN OF	13. FATHER	S NAME				
Marylan	d			W	HAT COUNTRY?	Beany	Hipkin	S			
		e kind ol work	14B. KINI	O OF B	USINESS OR INDUSTRY						
done during most of	warking life, ev	ren il retired)									
						Franc					
16. WAS DECEAS (Yes, no or unknown					17. SOCIAL SECURITY NO.	18. INFOR	MANT		AD	DRESS	7 - 1 - 1
					217-22-293	Repr	ard Hip	king '	1240 Ro	ssite	ar Ave.
19.	1			1	CAUSE OF DEA		ard mrp	ILLIID .	1010 110		PROXIMATE INTERVAL
100	X									BETW	EEN ONSET AND DEATH
DISEAS	E OR COND		CTLY		Carcino	ma of E	sophagus				
471.4	LEADING TO				(A)IMMEDIATE C	AUSE					
heart failure	nat mean the c, asthenia, éta	made of dy	ing, e.g.,		DUE TO, OR	S A CONSEQ	UENCE OF:				
	aplication whi						200				
	OR CONDITI		CIVING		(B) DUE TO, OR	AS A CONSE	DUENCE OF				
RISE TO TH	E ABOVE CA	USE (A) STA	ING THE		00E 10, 0K	AS A CONSE	PUENCE OF:				
Z UNDERLYII	NG CONDIT	ION LAST.			(c)					200	
OTHER SIGN TO THE DE DISEASE OF		11									
OTHER SIGN	VIFICANT CO	NDITIONS CO	ONTRIBU	TING						P 3 15	
O THE DE	ATH BUT NOT CONDITION	RELATED TO	THE TERM	UNAL							
20A DATE O					VHICH OPERATION WA	C Depropu	FD				
DAIL O	OI EKA IIO	1 200. COI	ADITIO14	FOR V	VALCA OPERATION WA	S PERFORM	ED			21. AUIO	PSY? (Yes or No)
										no	
	NAL CAUSE			22B. Pt	ACE OF INJURY (e.g.,	in or obout 2	2C. WHERE DID	(II In Baltimo	re City, give exoc	t location)	
UNDERLYING CA				home,	lorm, foctory, street, office	bldg., etc.) II	NJURY OCCUR?				
≥ 22D. TIME		oy) (Yeor) (Hou	e) 22	E.INJURY OCCURRED	2	2F. HOW DID IN	HILIPY OCC	1102		
OF INJURY	((100)	, (1100			WHILE C	zi. NOW DID II	WORT OCC	OKI		
(APPROX.)					ORK AT W						
23.				_							
l cert	ify that I h	eld an 1	nquiry		Inspection X Au	apsy	ond that on	this basis,	death in my	plnion	
resul	ted from: N	aturol cou	ses 🗴	Ac	cldent Suicid	e Ho	micide 🗌	Undetermi	ned manner	1	
	/	1	17	1/	',		HIEF MEDICAL				
ACTUAL	1	111	11	1/	11						DATE SIGNED
SIGNAT		wy	4/	u	M.D	A331	STANT MEDICAL	EXAMINER	X		
EXAMIN		ald N	Kor	nh I	ım,M.D.	ASSO	CIATE MEDICAL	EXAMINER		11/30	169
NAME (71		KOI							11/30	703
24A. BURIAL CRE REMOVAL (Speci	MATION, 2	AB. DATE		24C	NAME of CEMETERY	or CREMATO	RY 24D	LOCATION	(City, town,	or county)	(State)
Burial		12-3-6	30	T/I	t Auburn C	ameter	Po Bo	lto.,	Md.		
25A. DATE REC'D	RY HEALTH	DEPT			OF REGISTRAR					Dates	
TO 1 40		A . A	7 2	- 1-		25C. F	UNERAL DIRECT	OK	AD	DRESS	
JEUI 18	03	Seed E.	RUSE	1. M.		Wm	C March	928	E. Nor	th A	ve.
VS 151-REV. 1/1/6	8		7	10	The same of the sa		7				
						-					



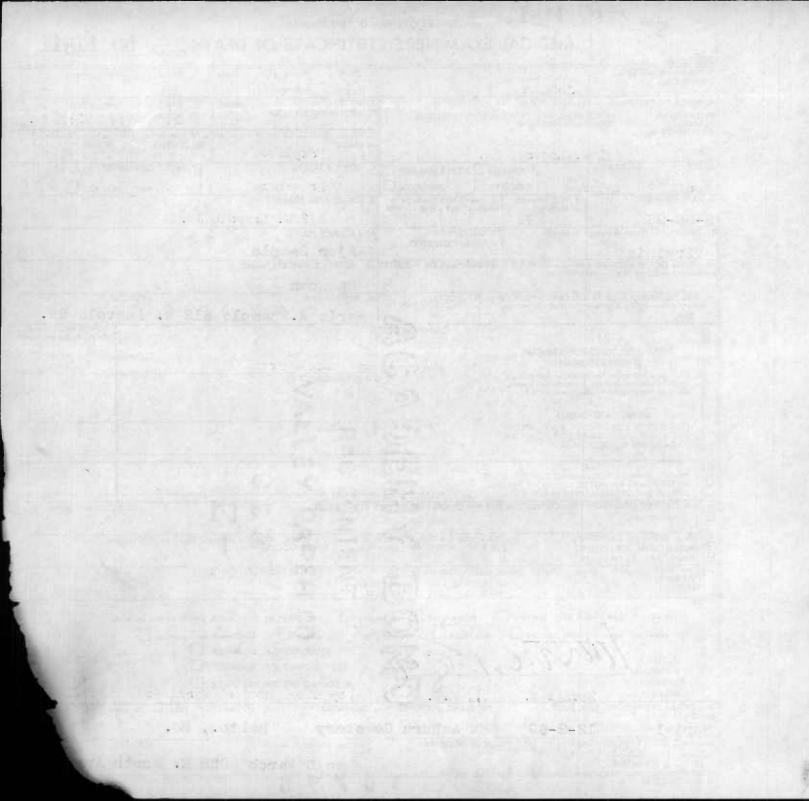
BRITH NO. 69 11810 CERTIFICATE OF DEATH REG. NO. 69 11810 CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 3. STATE 2. DATE AND HOUR OF DEATH 3. STATE 3. STATE AND HOUR OF DEATH 3. STATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission) A. STATE 4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission) A. STATE 4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission) A. STATE 4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission) A. STATE 4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission) A. STATE 4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission) A. STATE 4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission) A. STATE 4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission) A. STATE 4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission) A. STATE 5. STR 6. RACE 7. MARRIED NOW PER ARRIED NOW PER AR					
Type or Phind Paul Barnes 3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD FULL NAME OF ADDRESS OR LOCATION INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION S. SEX O. RACE INSTITUTION O. INSIDE CITY LIMITS? C.CITY OR TOWN D. INSIDE CITY LIMITS? YES NO E. STREET AND NUMBER 12. Carrol/16 D. We WIDOWED DIVORCED DIVORCED TO AM A. STATE DIVORCED S. SEX O. RACE INSTITUTION, GIVE STREET NO E. STREET AND NUMBER 10. INSIDE CITY LIMITS? YES NO E. STREET AND NUMBER 12. Carrol/16 D. INSIDE CITY LIMITS? YES NO E. STREET AND NUMBER 12. Carrol/16 D. INSIDE CITY LIMITS? YES NO E. STREET AND NUMBER 10. AUGUST 1911 BITHIFFLACE (Stold or loreign counity) VI MITHOUGH VI MITHOUGH 13. FATHER'S NAME RICHARD BARNES 14. MOTHER'S MAIDEN NAME RICHARD BARNES 15. WOS Deceased Ever in U. S. Armod Foccest? (Yes, nod runknown) (If yes, give wer or doles of service) To SECURITY NO, 217-12-0058 MTS. AMAIDEN NAME 14. MOTHER'S MAIDEN NAME RICHARD BARNES SECURITY NO, 217-12-0058 MTS. AMAIDEN NAME ADDRESS Same CAUSE OF DEATH This does not mean the mode of dying, e.g., heart foliute, asthenic, elec, lit means the disease, injury or camplicedian which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving firse to the above cause IA) stoling the CAUSE OF DEATH (A) MAMEDIATE CAUSE DUE 10, OR AS A CONSEQUENCE OF: 10. SUCLUMENTAL CAUSE DUE 10, OR AS A CONSEQUENCE OF:					
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD A. STATE B. COUNTY A. STATE A. STATE A. STATE A. STATE B. COUNTY A. STATE A. STAT					
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) S. SEX. O. RACE NOGROE WIDOWED DIVORCED 10. JUSTAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTWPLACE (Stola or loreign country) Unknown 13. FATHER'S NAME Richard Barnes 15. Wos Decessed Ever in U. S. Armod Forces? (16-s, nor unknown) III yes, give wer or dates of service) Note of DEATH This does not mean the mode of dying, e.g., heard foilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stolaing the					
S. SEX S. RACE 7. MARRIED NEVER MARRIED S. STREET AND NUMBER P. AGE (in years with substitution) S. DATE OF PIRTH 9. AGE (in years with substitution)					
5. SEX 6. RACE 7. MARRIED NEVER MARRIED					
5. SEX 6. RACE 7. MARRIED NEVER MARRIED					
5. SEX S. RACE New Never Married Never Married S. Date of Birth 9. Age (in yeors lost birthday) Never Married 100. USUAL OCCUPATION (Give kind of work) 100. USUAL OCCUPATION (Give kind of work) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign counity) 12. CITIZEN OF WHAT COUNTRY Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. Wos Deceased Ever in U. S. Armod Forces? (Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO. 217-12-0058 Mrs. Amanda Lee Sister Same CAUSE OF DEATH 18. OSCIAL SECURITY NO. 217-12-0058 Mrs. Amanda Lee Sister Same CAUSE OF DEATH 17. INFORMANT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 17. INFORMANT CAUSE OF DEATH					
10A, USUAL OCCUPATION (Give kind of work) 10E, KIND OF BUSINESS OR INDUSTRY 11. BIRTMPLACE (Stota or foreign caunity) Unknown 12. CITIZEN OF WHAT COUNTRY Unknown 13. FATHER'S NAME Richard Barnes 14. MOTHER'S MAIDEN NAME Richard Barnes 15. Wos Decessed Ever in U. S. Armed Forces? (Ves., no ar unknown) (If yes, giva war ar dates of service) Unknown 16. SOCIAL SECURITY NO. 217-12-0058 Mrs. Amanda Lee/ sister Same CAUSE OF DEATH OISEASE OR CONDITION DIRECTLY LEADING TO DEATH IThis does not mean the mode of dying, e.g., heart failure, asthenia, etc., It means the disease, injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause IA) stoting the					
Unknown 13. FATHER'S NAME Richard Barnes 14. MOTHER'S MAIDEN NAME Richard Barnes 15. Wos Decessed Ever in U. S. Armod Forces? (Yes, no or unknown) [Uf yes, giva war or dates of service] 16. SOCIAL SECURITY NO. 217-12-0058 Mrs. Amanda Lee/ sister CAUSE OF DEATH This does not mean the mode of dying, e.g., heart failure, asthenia, etc., If means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause IA) stating the					
13. FATHER'S NAME Richard Barnes 14. MOTHER'S MAIDEN NAME					
15. Was Deceased Ever in U. S. Armad Forces? (Yes, no ar unknown) (If yes, give wer or dates of service) Unknown 16. SOCIAL SECURITY NO. 217-12-0058 Mrs. Amanda Lee/ sister Same CAUSE OF DEATH IThis does not meen the mode of dying, e.g., heart failure, asthenia, etc. It meens the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause IA) stating the DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:					
18. 1 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 217-12-0058 Mrs. Amanda Lee/ sister Same 18. 217-12-0058 Mrs. Amanda Lee/ sister Same 18. 217-12-0058 Mrs. Amanda Lee/ sister Same 18. 217-12-0058 Mrs. Amanda Lee/ sister Same 217-12-0058 Approximate interval Between onset and Death 217-12-0058 DUE TO, OR AS A CONSEQUENCE OF: 217-12-0058 DUE TO, OR AS A CONSEQ					
217-12-0058 Mrs. Amanda Lee/ sister Same 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH IThis does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause IA) stating the DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH IThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause IA) stating the					
LEADING TO DEATH IThis does not mean the mode of dying, e.g., heart failure, asthenia, etc., it means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:					
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause IA) stating the					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the					
has to the updre couse (A/ stelling like					
has to the updre couse (A/ stelling like					
UNDERLTING CONDITION lost (C)					
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPST? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INTURY (e.g., in or obout 21 C. WHERE DID.					
OR CONTRIBUTING CAUSE OF					
OF INJURY (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 21F. HOW DID INJURY OCCUR?					
Walk LJ At Wark LJ					
22. I certify that (t) (this hospital) attended the deceased from 24 November 1969 to 27 November 1969 that (t) (we) last saw the deceased alive on 25 November 1969 and that is (my) (our) opinion death occurred on the date					
and hour and from the causes stated abave (1) (We) (did) (did mot) view the bady after death.					
23A. SIGNATURE					
Notat Ci Blackon, M.D. accret Phys. Attending Med. Staff Director Phys. Director 27 November, 1969					
23C. PHTSICIAN'S NAME (Type) 23D. ADDRESS					
Robert Blackmon. M.D. GEGREE 1514Division Street Baltimore, Md. 21217 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERT OF CREMATORT 24D. LOCATION (City, town, or county) (Stote)					
Burial 12-1-69 Mt Auburn Cemetery Balton Md.					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS					
DEC 1 1969 James E. March 928 E. North Ave.					



69 11811 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 6	9 11811
	III DATE & WI III II	v 1.
1. NAME OF DECEASED (Type or Print) John Sample	2. DATE Known Month Doy OF DEATH Estimated	Yeor Hnur
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 11 27	69 2:55 p
	5. USUAL RESIDENCE (Where deceased lived, If institution: res A. STATE B. COUNTY	Idence before odmission
612 W. Lanvale St.	Maryland	1703
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LI	IMITS?
male colored WIDOWED DIVORCED	Baltimore YES	ON C
9. DATE OF BIRTH 10. AGE (In years # Under 1 Yr. 11 Under 24 Hrs	. IE. STREET AND NUMBER	
5-26-96 last birthdoy) Months Doys Hours Min.	612 W. Lanvale St.	
11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Virginia WHAT COUNTRY?	Major Sample	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	Y 15. MOTHER'S MAIDEN NAME	~
bone to my most of working life, even if refired)	Unknown	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRE	ESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Marie A. Sample 612 W. La	nwale St.
NO 19. CAUSE OF DE		APPROXIMATE INTER
199,01		BETWEEN ONSET AND
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE (DUE TO OR		
heart latiure, asthenio, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:	
mility of complication which coused death.)		A THE SECTION
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST		

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	*****	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21.	AUTOPSY? (Yes or N
		no
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or about 22C. WHERE DID (If in Boltimore City, give exact loc	
UNDERLYING LOR CONTRIB- home, form, foctory, street, offi	ce bldg., etc.) INJURY OCCUR?	
UTING ☐ CAUSE OF DEATH. 22D. TIME (Monih) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F, HOW DID INJURY OCCUR?	
OF INTURY	T WHILE -	
	WORK L	
	stapsy and that an this basis, death in my apin	lan.
/	de Hamicide Undetermined manner	ii dn
resulted from: Indianal causes II Accident I Suici		
ACTUAL MUNICIPAL STATES	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.I	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	11/20/
NAME (Type) Werner U. Spitz, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	Deputy Chief Medical Examiner	11/28/9
REMOVAL (Specify)		county) (Store
Burial 12-2-69 Mt Auburn C	emetery Balto., Md.	/ 3
25A. DATE REC'D BY HEALTH DERT.	25C. FUNERAL DIRECTOR ADDRE	ESS V
DEC. 1 1969 100000 -	Wm C March 928 E. Nort	h Ave
VS 151-DEV 3/2/68	Wm C March 928 E. Nort	MI AV



69 11812

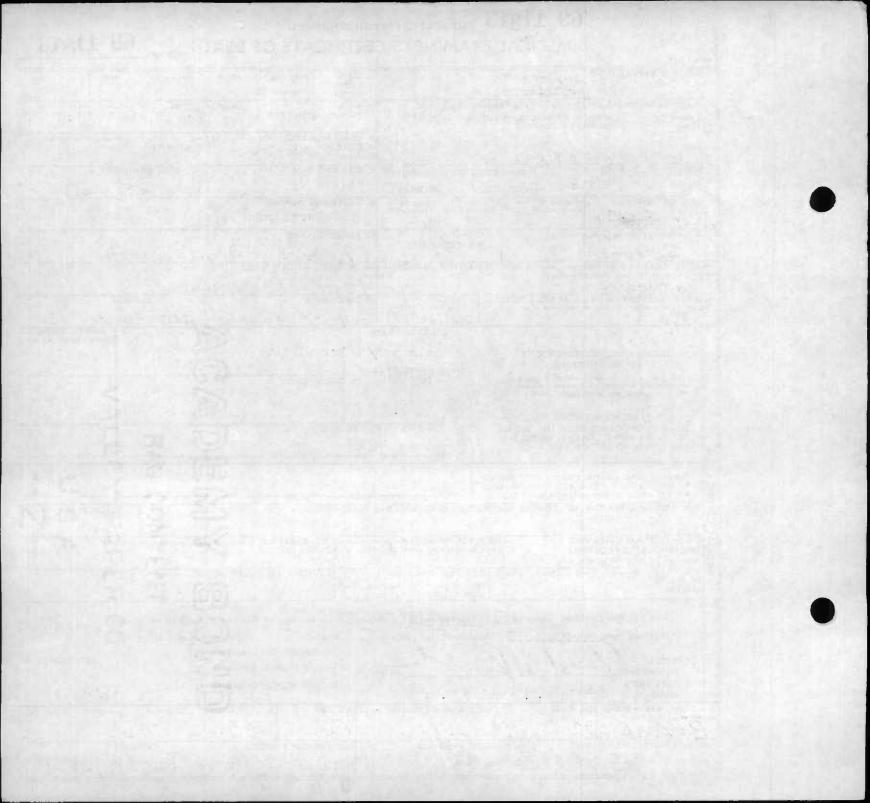
1 - 120) BALTIMORE CITY HEA	
MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 69 11812
BIRTH NO.	REG. NO.
I. NAME OF DECEASED (Type or Print) SADIE DAVIS (ANDERSON)	2. DATE Known M Month Doy Yeor Hnur OF DEATH Estimated November 26, 1969
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted November 26, 1969 M
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD November 26, 1969 8:04 P. M
3800 Cottage Avenue	5. USUAL RESIDENCE (Where deceased lived, Il Institution: residence before admission) A. STATE B. COUNTY Maryland
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female Negro WIDOWED DIVORCED	Baltimore YES NO
9. DATE OF BIRTH 10. AGE (In years # Under 1 Yr, If Under 24 Hrs. Months, Days, Hours, Min. 48	E. STREET AND NUMBER 3800 Cottage Avenue
11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
North Carolina	Thomas Davis
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME
	Nattie Graham
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or doles of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
578-20-684]	I A CONTRACTOR OF THE CONTRACT
heart tailure, asthenia, etc. It means the disease, injury or complication which coused death.)	S A CONSEQUENCE OF:
LINDERLYING CONDITION LAST	AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or
	Yes
UNDERLYING OR CONTRIB home, form, loctory, street, office UTING CAUSE OF DEATH.	th or obout 22C. WHERE DID (II in Boltimore City, give exact location) bidg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR? WHILE
23.	
I certify that I held an Inquiry Inspection Aut	
resulted from: Notural couses Accident Suicide	
ACTUAL SIGNATURE Class S. D. S. S. M.D.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER November
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY (REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, lown, or con
Burial 11-29-69 Mt Auburn Ce	emetery Balto., Md.
25A. DATE REC'D AN HEALTH DEPT.	25C. FUNERAL DIRECTOR ADDRE
	Wm C March 928 E. Nort

VS 151-REV. 1/1/68

. Part Part Contract of the Co The state of the s . Labour Silver and Department

69 11813 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO. 1. NAME OF DECEASED Applegar th 2. DATE OF Known | Hour Dov Yeor EARL Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Yeor November 28, 1969 Hour FULL NAME OF HOSPITAL OR INSTITUTION 1:20 P. (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) PRONOUNCED DEAD 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

1		Harmis	on Str		(DOA)	A. JIAIC	rial	ryland	b. COUNTY	2	.003
6.	. SEX	7. RACE		B. MARR	IED NEVER MARRIED		OR TOWN		D. INSIDE CI	TY LIMITS	?
L	Male	Whi		WIDOV	VED DIVORCED	Bal	timore		Y	ES 🗙	NO 🗆
9.	DATE OF BIRTI	1001	IO. AGE (In lost birthdo)	yeors	Months Doys Hours Min		T AND NU				
L	TUCT /	1924	1	'46		20	/ Harm:	ison Stree	t		
8.1	BIRTHPLACE'(S	tote or foretg	n country)	1	12. CITIZEN OF WHAT COUNTRY?	13. FATH	ER'S NAME				
	13A12	imor			21.34.	1	ober	t Ap	blegA	nzh	
de	IA.USUAL OCCU one during most of w	PATION (Give orking life, eve	kind of work I	48. KIND	OF BUSINESS OR INDUST	Y 15. MOT	HER'S MAID	DEN NAME	5		
	LNKNO	WN.				Els	sie	BANKI	NC		
(Y	. WAS DECEASI	ED EVER IN I (If yes, give w	J.S. ARMED or or doles o	FORCES	17. SOCIAL SECURITY NO.	IB. INFO	RMANT		Al	DDRESS	
	No				216-12-9/79	Gill	CRE	KANCIY	2018	RAMS	ay St.
1	19. 0/1	1.91			CAUSE OF DE	ATH		1			APPROXIMATE INTERVAL
	DISEASI	OR CONDI	TION DIREC	TLY	Pulmona	ry Tub	erculo	sis			THE THE PERIOD OF THE PERIOD O
		EADING TO			(A)IMMEDIATE	CAUSE					
	(Inis does not mean the mode of dying, e.g., heart failure, shenio, eic., it means the disease.										
	injury or complication which coused death.)										
	ANTECEDENT CAUSES (e)										
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE										
z	UNDERLYING CONDITION LAST										
2	(c)										
¥	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL										
IFIC	DISEASE OR	CONDITION	GIVEN IN PA	RT 1 (A).	***************************************						
FR	CO										
											no
MEDICA	22A. EXTERNUMBERLYING	VAL CAUSE V			22B. PLACE OF INJURY (e.g. home, form, foctory, street, offi	In or obout	22C. WHE	RE DID (If In Boltime	ore City, give exa	ct location)	
FD	UTING CAL				nome, iorm, iociory, sireer, one	e blag., etc.,	INJURY O	CCUR?			
Σ	OF INJURY	Month) (De	ay) (Year)	(Hour) 22E.INJURY OCCURRED		22F. HOW	DID INJURY OCC	UR?		
	(APPROX.)					WHILE VORK					
	23.				-						
	I certi	fy that I he	ld on In	quiry	Inspection X Au	topsy	ond th	nat on this basis,	death in my	opinion	
	result	ed from: My	tural cous	es X	Accident Sulci	de 🗌	Homicide	Undeterm	ned monner		
	ACTUAL	1/	01	111	1/1/		CHIEF ME	EDICAL EXAMINER			DAYE CLOSUED
	SIGNATU	REU M	d	NK	web Mil	AS	SISTANT ME	EDICAL EXAMINER	\square		DATE SIGNED
	EXAMINE		-1.1 M	17	-1-1 W D	AS:	OCIATE ME	EDICAL EXAMINER			100/60
24	NAME (T)		B. DATE	Kori	nblum, M.D.	CDEMA	TORY	lain LOCATION			/29/69
N	MOVAL (Specify	()	7	10	24C. NAME OF CEMETERY	OF CKEMA	PORT	24D LOCATION	(City, tawn,	or county	(Stote)
00	DUEIN	1 1	アート.	61	MODDON	. 17	KK	DHL	10. 11	ID.	
25	A. DATE REC'D	OCO CO	A A C	258 N	AME OF REGISTRAR	1250	. FUNERAL	DIRECTOR	- AL	DRESS	0 - 100
	DEGI	apa (19	streets en	Jano	er, may	UT	ED. L	DCHWA	BANC	. 67	4 UD. 1110
VS	151-REV. 1/1/68		1,	. 3	\$ V U	1 8	1	7		-	
								THE RESERVE THE PERSON			

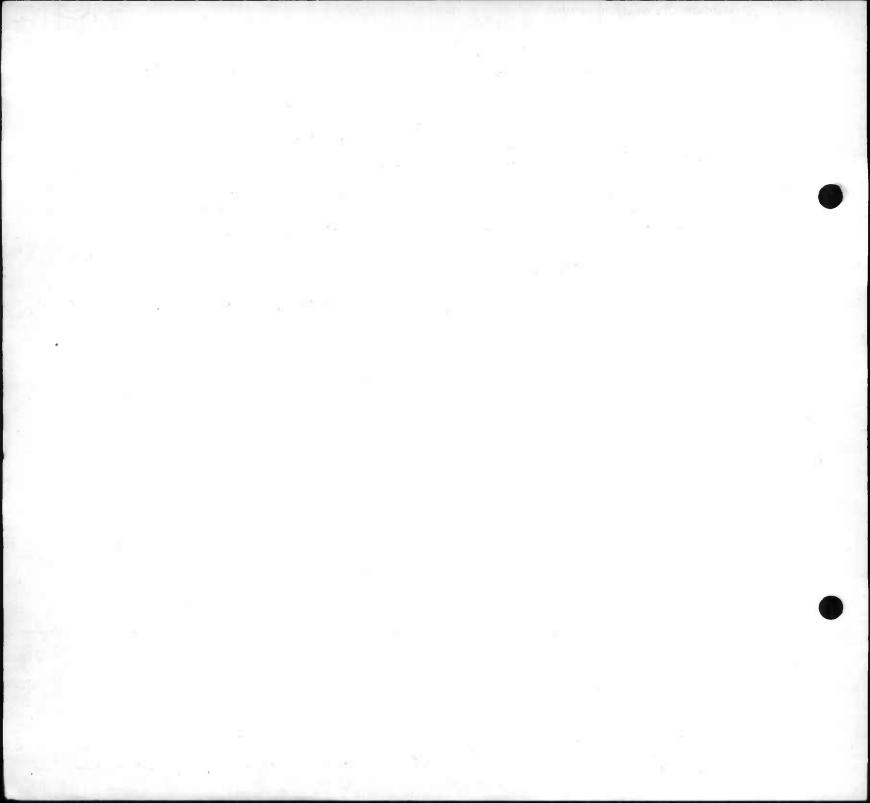


FUNERAL DIRECTOR: IMPORTANT	IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	Also, if the direct or contributing cause of death e of any kind; (4) Undetermined cause; (5) Deceased lounced death was in regular attendance on the attendance on the deceased prior to death. Such med or final disposition is made.

69 11814 CERTIFICATE OF DEATH

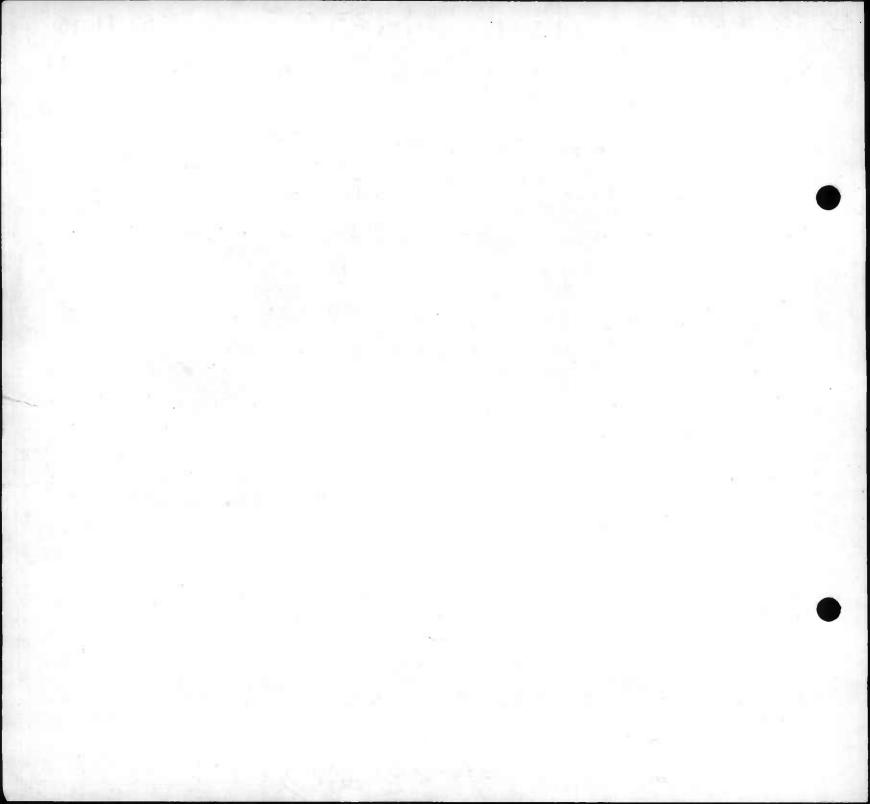
REG.	NO.	836	9	1	R	1	4
		-		_	\cup		_

BIRTH NO.	ATE OF DEATH					
I. NAME OF DECEASED AGNES M. GILLEASE	2. DATE AND HOUR OF DEATH					
(Type or Print) (1/eASe Aques	18/28/69@ 9 am					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY					
	Ch / D /					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
INSTITUTION	BAITO YES P NO [
90 1 1	E/STREET AND NUMBER					
Harlash unon institutent	TO STREET AIRD TROMBER					
1100000100 11.CC 12/3019/17 J. DALL	3					
S. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.					
WID OWED X DIVORCED	11-1-94 35/					
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or foreign and ry) 12. CITIZEN OF WHAT COUNTRY?					
Housewife Own Home	Baltimore, Maryland // 5.4					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
? George Fiedler	Magdalena Innerman					
15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS					
No 2 5-664 C	Mrs Julia M. Zahner 740 S. Potomac Street					
18, CAUSE OF DEA						
4/8/4	BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	orumal Tromolust breme sera 1 We					
(A) IMMEDIATE CA						
heort foilure, osthenio, etc. It meons the disease,						
injury or complication which coused death,)						
ANTECEDENT CAUSES (B)						
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:					
rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. (C)						
(0)						
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A).						
	20A. AUTOPSY (785-01 No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?					
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	in or about 21 C. WHERE DID (If in Battimore City, give exact location)					
OR CONTRIBUTING CAUSE OF home, form, foctory, street,	office bldg., INJURY OCCUR?					
U						
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
(APPROX) While AI Not White At Work At Work						
22. I certify that (I) (this hospital) attended the deceased from	11/17 1969 to 11/28/69 19					
16/13						
that (I) (we) last saw the deceosed alive on						
and hour and fram the causes stated above. (I) (We) (did) (did nat)	7					
23A. SIGNATURE	23B, DATE SIGNED					
Joseph S. Latin Warren Ph	tending Director Staff Phys. /1/28/69					
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS / OF A					
NAME (1400) JUSEPOH > BLUCK MIT	Will alust or					
DEGRE 24A. BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY of C	DEALATORY CATION (C)					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C						
Burial 12-1-1969 Sacred Heart	Baltimore County, Maryland					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS					
DEC 1 1969 P. B. E. Jaben M. A.	Lilly & Zeiler Inc. 1901-07 Eastern Ave.					
VS 1S0-REV. 1/1/6B	1' U / 1 U					



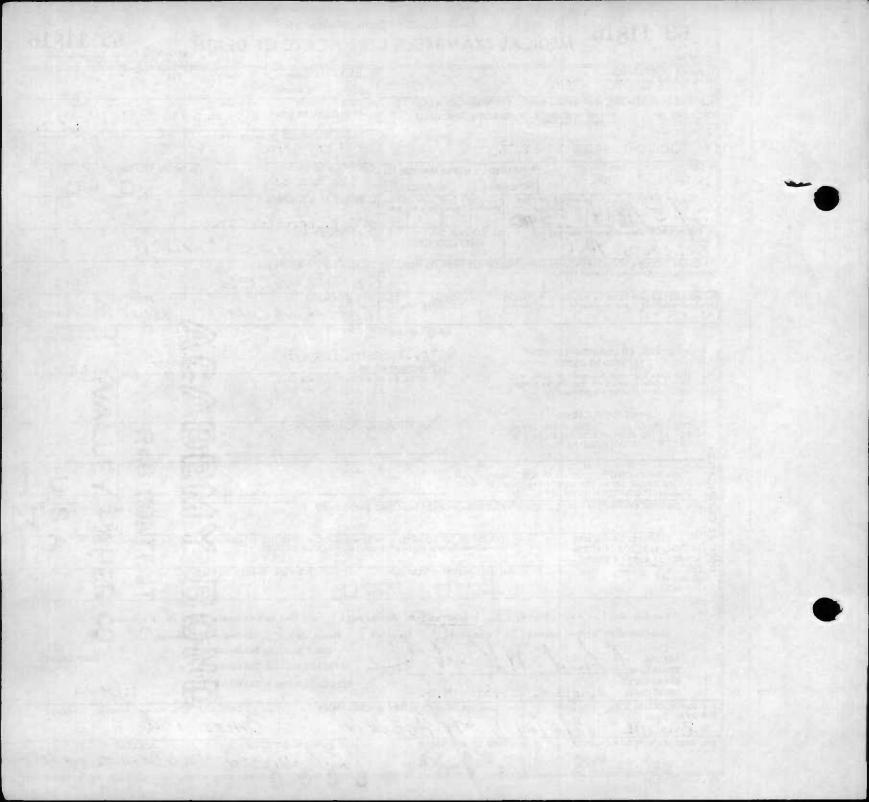
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death with shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	HEALTH DEPARTMENT		CO 44-1=
BIRTH NO. 69 1181	L5 CERTIFICA	TE OF DEATH		69 11815
(Type or Print)	1 -1	2. DATE AN	D HOUR OF DEATH	~
3. PLACE IN BALTIMORE MARYLAND, WHERE PRO	HUNTER DNOUNCED DEAD	4. USUAL RESIDENCE (When	. 29 1969	tution: residence before odmission)
		A. STATE B. COUN	TY	
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN		CITY LIMITS? 8 06
MT. Sinti Noi	uning Home	E. STREET AND NUMBER		(ES NO
70		1806 N.	Chapel	ST.
5. SEX 6. RACE 7. MARR	NEVER MARRIED		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
FRYAR LE C. C. M. WIDOV		Mar. 9, 1901	68	12. CITIZEN OF WHAT COUNTRY?
done during most of working lite, even if retired)	N-a	Oxford 1	V. CAKLINC	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
lon thorp.		HANNIE		
15. Was Deceased Ever in U. S. Armed Vorces? (Yes, no or unknown) (If yes, give wor or doles of servi	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	119-58-3165	Mrs. Rosa Lac	Dusan	Same
18. / /) / /	CAUSE OF DEATH		JOVECTE	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	arten oxfe	rote Cardi	Verula	BETWEEN ONSET AND DEATH
(This does not mean the mode of dying,		A COMSEQUENCE OF:	Rule	0
heart failure, asthenia, etc. 11 means the dise injury or complication which caused death.)	ose, a +		No of the second	
ANTECEDENT CAUSES	100/11) Al Coting	1 Bloody	1 1 1
DISEASES OR CONDITIONS, if any, gir	ving DUE TO, OR AS	A CONSEQUENCE OF:	17 Ce org	9
rise to the above cause (A) stoting	3			1
UNDERLYING CONDITION last.	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL	·····/		
	OR WHICH OPERATION	20 A. AUTOPSYZAYes or No	208. IF YES, WERE FIN	IDINGS CONSIDERED
		nco	IN CERTIFIED CAUS	ic) OF DEATH:
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	While At Not While Work At Work	70	. 1	
22. I certify that (I) (this hospital) attended	10	001	069 . 100	129 1069
that (I) (we) last say the deceased alive	10000	19 6 G and the	t in (my) (Sur anini	on deoth occurred on the date
		' /	n m(my) (gypt∞o pini	ou agoin occorred on the date
ond hour and from the couses stated about	(did nat) v	iew the body offter deoth.		28, DATE SIGNED
JANSONATORE JANES T. N.	Wey M. P. Atte		Shaff Phys.	Re 1-1969
23C. PHYSICIAN'S MAME (Type) LOUIS T. LA	17 M.17	23D. ADDRESS 25G0 2 W. ROZ	ers tol	hinge Mg.
24A. BURIAL CREMATION, 24B. DATE 241 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. L	CATION (City,	lown, or county) (State)
Burial 12-3-69	MT. A.h.	V Com. Y	3 altimire	med.
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
DEC 1 1969 P. G.	B. E. Feyber M.A.	3 C.4 - 61 B.	WILSON,	1000 Brankley Me
V\$ 150-REV. 1/1/68				



5-610

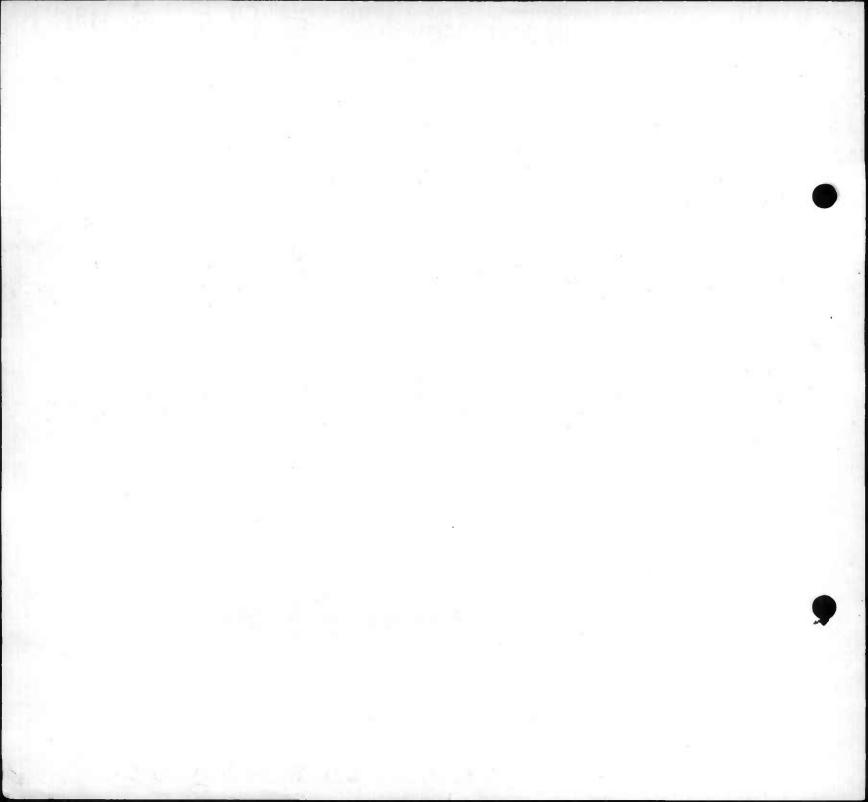
60 4	1816 MET		BALTIMORE CITY HE	ALTH DEPAR	MENT			00.	1 (1)
00 7	TATO WED	DICAL EX	KAMINER'S	ERTIFIC	ATE OF	DEATH	1	69 1	1816
IRTH NC.							REG. NO.		
NAME OF DEC	HOMAS SHARP	-1-1-1-1-1-1		2. DATE OF	Known	Month	Day	Year Hou	r
	TIMORE, MARYLAND,)	WHERE PRONG	DINCED DEAD	DEATH 3. DATE	Estimoted	A4 - 41		V 114	М.
JLL NAME OF OSPITAL	(IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTITUTION			NCED DEAD	Month November	28, 1	969	45 P. M.
RINSTITUTION 3 3 JOHNS	S HOPKINS HOS	SPITAL			aryland		d. Il institution COUNTY	residence before	odmission)
SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR 1	OWN		D. INSIDE CI	TY LIMITS?	
Male	Negro	WIDOWED		Ba1	timore		YE	s No [7
DATE OF BIRTH	1894 losi birthdo	n yeors If Ur Mont	nder 1 Yr. II Under 24 Hrs. hs Doys Hours Min.		OBTOlin	e Street		NO E	
. BIRTHPLACE (S	tote or longin country)		ITIZEN OF	13. FATHER'S	NAME			^	
BELCRO	55 /V.C	Y	VHAT COUNTRY?	TH	tUNTA.	S	HARI		
	PATION (Give kind of work vorking life, even if retired)	14B. KIND OF	BUSINESS OR INDUSTRY		RANC		7		
WAS DECEASI	ED EVER IN U.S. ARMED	D EOPCES2	17. SOCIAL	18. INFORM		63	· · ·	DDRESS	
es, no or unknown)	(if yes, give wor or doles	of service)	SECURITY NO.		ERINE S	SHARP	831	N. CARO	KING ST,
19. 1/1	2 4.		CAUSE OF DEA						ATE INTERVAL
DISEASE	E OR CONDITION DIRE	CTIV	42-			01			NSET AND DEATH
	LEADING TO DEATH	CILI	(A)IMMEDIATE C		EROTIC	Cordia	vascul	lan _	
(This does no	ot mean the mode of dy, osthenio, etc. It means the	/ing, e.g.,	DUE TO, OR A	S A CONSEQU	ENCE OF:		Dis	C1180	
injury or com	plicotion which coused de	oth.)							
AA	NTECEDENT CAUSES		/p)						
	OR CONDITIONS, IF ANY	Y, GIVING	(B) DUE TO, OR	AS A CONSEQ	JENCE OF:				
UNDERLYIN	G CONDITION LAST.	WINO MIL	(c)						
	11								
TO THE DEA	IFICANT CONDITIONS CONTINUES TO CONDITION OF PERSONS AND PROPERTY OF THE PERSONS AND PROPERTY OF THE PERSONS AND PROPERTY OF THE PERSONS AND PROPERTY OF THE PERSONS AND PROPERTY OF THE PERSONS AND P	THE TERMINAL							***************************************
20A. DATE OF	OPERATION 208. CO	NDITION FOR	WHICH OPERATION WA	S PERFORME	D			21. AUTOPSY?	(Yes or No)
								no	
	VAL CAUSE WAS	22B.P	LACE OF INJURY (e.g., form, foctory, street, office	In or obout 22	WHERE DID	(Il In Boltimore	City, give exo	ct location)	W
UTING CA	☐OR CONTRIB- USE OF DEATH.	nome	, loring tocioty, street, office	piag., etc.) its	OKT OCCOR?				
	Month) (Doy) (Year	r) (Hour) 22	E.INJURY OCCURRED	22	HOW DID IN	JURY OCCUR	?	DOMESTIC STATE	
(APPROX.)		m. W	HILE AT NOT	WHILE ORK					
23.									
			Inspection Aut	opsy 🗌	and that on t	his basts, d	eoth in my	opinion	
result	ed from: Natyrol cou	505 A	coldent Sylcid	e Hon	nicide 🗌	Undetermine	d monner		
ACTUAL	X / . /	1/1/	11	CI	HEF MEDICAL	EXAMINER [DATE	SIGNED
SIGNATU	JRE Muld	11/0	M.D.	ASSIST	ANT MEDICAL	EXAMINER 2		DAIL	3101450
EXAMINE NAME (T		N. Kornb	lum, M.D.	ASSOC	IATE MEDICAL	EXAMINER [11/29/69	
A. BURIAL CREA	AATION, 248, DATE		NAME of CEMETERY	or CREMATOR	Y 24D.	LOCATION	(City, town.	or county)	(Stote)
BURI	AL 12/2	169	1101-	IRN		BALTO,	Ma	-	
A. DATE REC'D	BY HEALTH DEPY.		OF REGISTRAR	25C. FL	NERAL DIRECT			DDRESS	, Au-
DEC	4 4000 52	/3 A F I	. // 54 5		/ ///	10-1	(1/1/) 0	mer / 1 to broth / with	. / / / / / /
1119 1	1909	J. 25 6	erber M.B.	K.	O WIL	5010 1	OUO DA	CANTLE	VIIVE



BALTIMORE	CITY	HEALTH	DEPARTMENT	
BALTIMORE	CHY	HEALIH	DEPARIMENT	

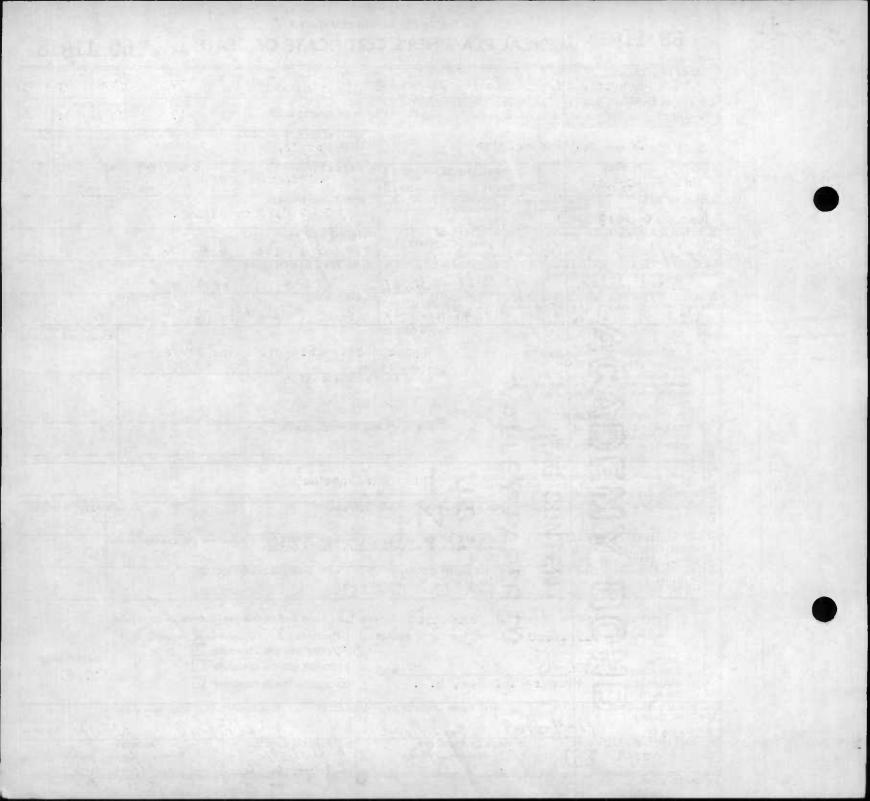
REG. NO. 69 11817

BIRTH NO. 69 11817 CERTIFICA	TE OF DEATH REG. NO. 00 11817
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
GITES, Earra	11-23-69 7-20 cm 'M. 14. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITX OR TOWN D. INSIDE CITY LIMITS?
46 730 ASh burton St	DAITIMORE YES D NO
96 130 ASh burton ST	E. STREET AND NUMBER
BAIt, more, Ind. 2/2/6	2923 DATER STREET
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
WIDOWED DIVORCED 110A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	Virginia U.S.
13. FATHER'S NAME	14. MOTHER FMAIDEN NAME
Ricines Gues	FDMA STEMART
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT 1912 RAPOSESS T
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Edra South Boltmon adams
18. CAUSE OF DEAT	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CA	USE meunonis
heart failure, asthenia, etc. Il means the disease, injury or camplication which caused death.)	A CONSEQUENCE OF:
	nic brain Son deone
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	nic brain Syndrome
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home form fectory street of	in or about 21 C. WHERE DID (If in Baltimore City, give exact location)
DEATH (notify medical examiner) etc.)	
Q 21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not Whi	16 🗌
22. I certify that (I) (this haspital) attended the deceased from	1 2 6 19 10 1/23 19 ().
that (I) (we) last sow the deceased alive on 7. 209 ha 11	g 3 19 6 9 ond that in (my) (our) opinion death occurred on the date
ond hour and from the couses stated obove. (1) (We) (did) (did not)	view the body ofter death.
DI corcoce, AH	ending Med. Staff 1 1 23/18
23C.PHYSICIAN'S	ys. Director Phys. 28764
NAME (Type) PRATIMA KHASTAGTR	Lulleran Hospitel.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	
Bus d 11-28-69 Umole a	1/a Va
25A. DATE REC'D BY HEALTH DEPT. 28B. NAME OF REGISTRAR	25C. BUNERAL DIRECTOR ADDRESS
4 4000 Oblac 78 MB. V/d	1 010 10 3 10000 - 1/10



BALTIMORE CITY HEALTH DEPARTMENT

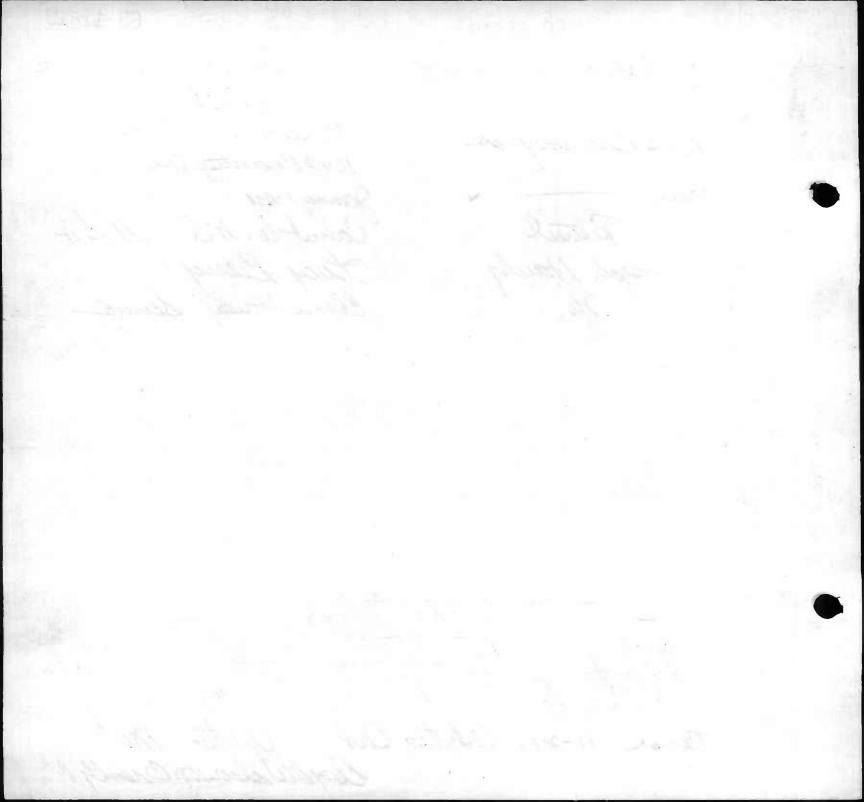
ВІ	69 RTH NO.	11818	MEDI	ICAL	EXAM	INER'S	CERTIF	CATE OF	DEAT	H REG. NO.	69	11818
1.	NAME OF D		Adkins	1	A 1 8	2 11)	2. DATE OF	Known 🗌	Month 11	2 ^D oy 27	1969	Hour 10:00 P
4	PLACE IN B		ARYLAND, WI	HEDE DD	POD I	DEAD DEAD	DEATH 3. DATE	Estimoted 🔀				M.
FU	ILL NAME OF DSPITAL RINSTITUTION	(IF NO	DI IN HOSPITAL	ORINSTI			PRONC	UNCED DEAD	Month 11	27	1969	10:13 P
	33	Johns	Hopkins	Hosp	ital		A. STATE	Maryland	e deceosed li	B. COUNTY	: residence be	FO5
6.	Male	7. RACE Color	l ha	B. MARRII WIDOW	ED NEVE	R MARRIED DIVORCED	C. CITY O	Riown Baltimore		D. INSIDE CI		10 🗆
9.	Date of BIR		lost bisthdoy)	yeors	If Under 1 Yr. Months Doys	If Under 24 Ars. Hours Min.	E. STREET	AND NUMBER 2042 Clift	Etwood			
11.	SA List	(State or lorei		Line	WHAT CO	UNJRY?	13. FATHER	horlie	. Ac	1kins		
dor	e during most o	UPATION (Gityorking life, e.	ven ffrettred)	B. KIND	OF BUSINES thelp	- Steell		R'S MAIDEN NA	MEAD	Kin s		
16, (Ye	WAS DECEA s, no, or unknow	sed ever IN	U.S. ARMED I	FORCES?	17. SOC 245-		IB. INFOR	MANT mal Ad	Kins		DORESS N. EAR	en St.
	1. 41	2.2)		(AUSE OF DEA	тн					ROXIMATE INTERVAL EN ONSET AND DEATH
	DISEA	100	DITION DIRECT	TLY		Hyper	tensive	cardiovas	scular	disease		in other and ponit
	(This does	LEADING TO	O DEATH mode of dyin			(A)IMMEDIATE						
	heort foilu	re, osthenio, et	c. It meons the dich coused deoth	iseose,		DUE TO, OR	AS A CONSE	QUENCE OF:				
				.,								
	DISEASES	OR CONDITI	IONS IF ANY	GIVING		(B) DUE TO, OR	AS A CONSE	QUENCE OF:				
-	RISE TO THE	HE ABOVE CA	USE (A) STATIN	NG THE		F. 10 1100					and the	
ē			II.			(c)						
CERTIFICATION	OTHER SIG TO THE D DISEASE O	EATH BUT NO	NDITIONS CONTRELATED TO THE	HE TERMIN	IAL		nial as					***************************************
	20A. DATE C	OF OPERATIO	N 20B. COND	DITION F	OR WHICH	OPERATION W	AS PERFORA	MED			21. AUTOP:	SY? (Yes or No)
MEDICAL	UNDERLYIN	RNAL CAUSE G OR CON AUSE OF DEA	ITRIB-	h h	2B. PLACE O	F INJURY (e.g., story, street, office	in or obout e bldg., etc.)	NJURY OCCUR?	(II in Boltimo	re City, give exoc	et location)	
Σ	22D. TIME OF INJURY (APPROX.)	(Month) (I	Doy) (Year)	(Hour)	WHILE AT		WHILE O	22F. HOW DID IN	JURY OCC	UR?		
	23.	rtify that I h	eld an Inc	uiry [- 11		topsy 🔲	and that an ti	de basts	death in my o		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Vatural cause	L. ZOI	Accident					ned manner		
		110	. 10		1			CHIEF MEDICAL E				
	SIGNA		sulh	2/	W.	M.D	ASSI	STANT MEDICAL E				ATE SIGNED
	EXA MII NAME	(Type)	Werner	an C	Spitz,	M.D.	ASSO	OCIATE MEDICAL E	XAMINER		11/2	27/69
RE	MOVAL (Spe	cify)	11-4-1	1969	AJK;	of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, town,	or county)	(Stole)
	A. DATE REC'	BY HEALTH	1969 2	25B. NA	ME OF REG	STRAR ACD	258.	FUNERAL DIRECTO	Palmer Falmer	e The AD	DRESS	groj N.C.
VS	151-REV. 1/1/	58		7	- 1	1)	9 4	10	W. O.	1000	11 th	y sou
			112							1-7	11.1.	4



deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the

BALTIMORE	CITY	MEALTH	DEDA	DTAMENIT
BALLIMUKE	CILL	HEALIH	DEPA	KIMENI

BIRTH NO. 69 118	19 CERTIFICA	TE OF DEATH	REG. NO.	00
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print)	tarely	non	render 23	1969 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DE AD	4. USUAL RESIDENCE (When	e deceased lived. If insti-	rution: residence before admission)
		n. state	0	1/ 1
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	D INSIDE	CITY LIMITS?
INSTITUTION		Ballen		ES NO
1642 Bucully he	28_	E. STREET AND NUMBER	2	10[]
709013101		1142 Bea.	without las	
S. SEX 6. RACE 7. MADDI	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (ly years	II Under 1 Yr. , 11 Under 24 Hrs.
The state of the s			ost birthdoy	Aonths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND	السا	BIRTHPLACE (Stote or foreign	on country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, ven/i retired)	(10010	200 1	11 / 1
Kelliel		Carret a.	1010	MOST
13. FATHER'S NAME	9	14. MOTHER'S MAIDEN NAM	AE	
Joseph Italely	1	PX1111 10	DONILL	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no granknown) of yes, give wor or dates of service	1 6. SOCIAL	17 INFORMANT	2009	ADDRESS
(res, no of anknown) (or yes, give wor or dotes or service	SECURITY NO.	80. 11	1	
118	CAUSE OF DEAT	Cemer 100	uly Ses	APPROXIMATE INTERVAL
18. 4 /2,3	CAUSE OF DEAT		-	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		ASANE	Cour Ein	19 Mas
(This does not mean the mode of dying,	e.g., DUE TO OR AS	A CONSEQUENCE OF:	Cong. [7/1]	UKA / / W.
heort foilure, osthenia, etc. It means the diser injury or camplication which coused death.)		A CONTROL OF		
ANTECEDENT CAUSES				
	(B)	A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if ony, given rise to the obove couse (A) stating	9	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)	***************************************		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMING OF THE TERMING OF THE TERMING OF THE TERMING OF THE TERMING OF THE TERMING OF THE TERMING OF THE TERMING OF THE TERMING OF THE TERMING				
	***************************************	120 A ALLEGREY2 (Van a. Na)	OOD IS WES WESS ES	DINGS CONSIDERED
19A-DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	JE WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	10 CERTIFYING CAUS	ES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in a shout 21C WHERE DID	(If in Politicana (Titus alian areas Inscations
OR CONTRIBUTING CAUSE OF	home, form, factory, street, a	office bldg., INJURY OCCUR?	(IT IN BOITIMORE C	City, give exoct location)
<u>o</u>	etc.)			
21D.TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJU	URY OCCUR?	
(APPROX.)	While At Work At Work			/
22. I certify that (I) (this has pirel) attended	ed the deceased from	4/26 1	968 to 11	23 1969
that (1) (wa) last saw the deceased alive	11/2 -	1969 and the	et in (my) (out) anini	an death accurred an the date
The state of the s			- T. T. T. T. T. T. T. T. T. T. T. T. T.	in death accorded on the date
and haur and from the causes stated above	3. (1) (and (ala) (are asset)	view the bady after death.	12	3B, DATE SIGNED
1 1 1	- L AH	ending Med.	Staff	11/211/10
1 ruh	CONT DEGREE Phy	rs. Director	Phys.	1/24/67
22e-PHYSICIAN'S NAME LLYPO	/ /	23D. ADDRESS	17	111
J. PAESTON 6	DEGREE	60/ N.	CALU	011/0~
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME OF CEMETERY OF CR	EMATORY 24D. L	CATION (City,	town, or couply) (Stote)
Brund 11-2610	(delities /	1.1	1. lutie	MIL
25A. DATE REC'D BY HEALTH DEPT. 25B. NAS	AE OF REGISTRALE	25C, FUNERAL DIRECTOR	mus 1,	ADDRESS
DEC 1 1969	La Valbery The	- Belling Mx /2	lan inn 12	in the line
VS 150-REV. 1/1/68	3 4 11	A BURY IN A	KOL/UBIL	Allere of 10
73 130-RE 7. 1/1/00		(



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the Adeceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

1969

VS 150-REV.

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BALTIMORE CITY HEALTH DEPARTMENT

11820 CERTIFICATE OF DEATH

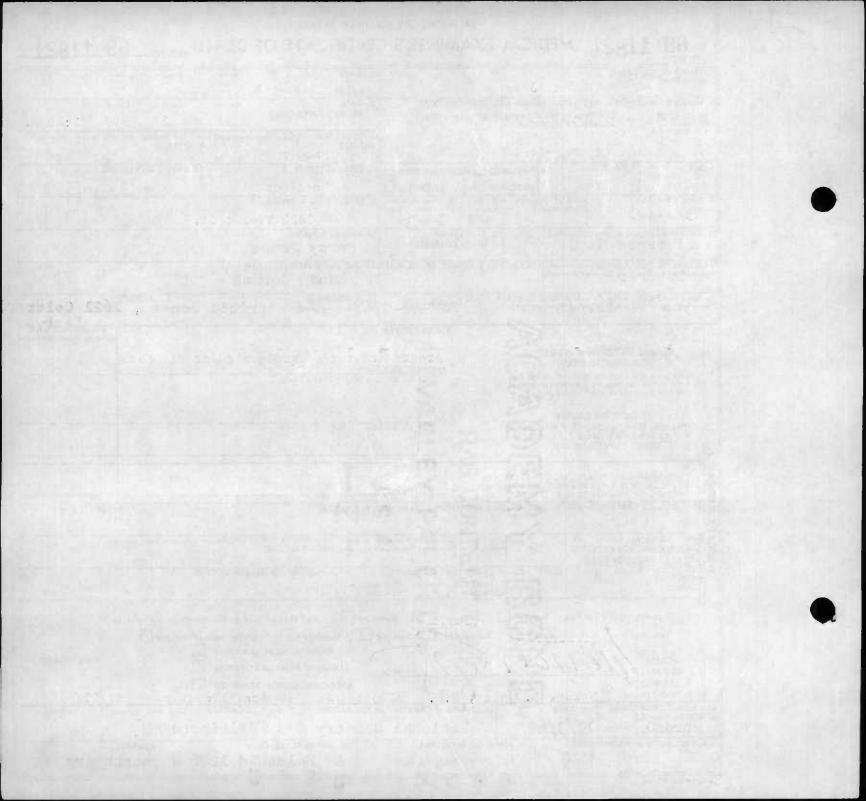
REG. NO.

BIRTH NO.	GENTING.			
(Type or Print) LOAring WALK	er	2. DATE A	ND HOUR OF DEATH	169 230 1
3. PLACE IN BALTIMORE, MANLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Who		institution: residence before admissi
		ma		1202
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	/	C. CITY OR TOWN	In IN	SIDE CITY LIMITS?
Lincoln Memerial To	2. win Klame	11/1/		YES NO
Lincoln Memerial 1	wing from	E. STREET AND NUMBER		TEAS NO.
	V	in a	Cullok	St
SEX 6. BACE 7. MARR		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H
m	RIED ANEVER MARRIED		last birthdov	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
MIDOV MI		11-3-1901	68	12. CITIZEN OF WHAT COUNT
done during most of working life, even if retired)	OF BUSINESS OR INDUSTRI	(M)	ngn country	12. CHIZEN OF WHAT COOK
		11, 0		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
ALFRED WAL	KER	EMM	A -	polymental residence of the last section of th
S. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	/	ABDRESS
Yes, no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.	1	1/0000	5/2
	218-10-2660	FORRAINE	TENSON	14
18.	CAUSE OF DEAT	Н		APPROXIMATE INTERVA
DISEASE OR CONDITION DIRECTLY		0	0	1
LEADING TO DEATH		// /	. Al Day	class
(This does not mean the made of dying,	e.g., (A)IMMEDIATE CAL	A CONSEQUENCE OF:	0 6 100	fure
hearl failure, asthenia, etc. II means the dise		A CONSEQUENCE OF.	0 /	
injury or complication which caused death.)				
ANTECEDENT CAUSES	(8)			
DISEASES OR CONDITIONS, if any, gi		A CONSEQUENCE OF:		
rise to the obove cause (A) stating UNDERLYING CONDITION last.	(C)			
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG			
TO THE DEATH BUT NOT RELATED TO THE TERMIN				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	ol 208, IF YES, WER	E FINDINGS CONSIDERED
198. CONDITION F WAS PERFORMED				AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	n or about 21 C. WHERE DID	(If in Soltim	ore City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	III III GOIIIII	ore city, give exact location,
U	etc.)			
OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY (APPROX.)	While At Not While Work At Work			
	L	11 /	/6	11/3/ 10/9
22. I certify that (I) (this haspital) attend		10/31	.19 6.7 ta	1967
that (1) (we) last saw the deceased alive	on 11/26	19 <i>69</i> and t	hat in (my) (aur) o	pinian death occurred an the d
and haur and fram the causes stated abav	e. (1) (We) (did) (did nat) .	view the bady after death.	,	
23A. SIGNATURE				23B. DATE SIGNED
John Jones		ending Med. Director	Staff	11/3/1/19
23C.PHYSICIAN'S	DEGREE Phy	23D. ADDRESS	Phys. \square	11/20/61
NAME (Type)		200. ADDRESS		
	DEGREE		A	
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY 24D.	LOCATION	City, town, or county) (State
BURIDI 11/29/69	MT (ALL	IARY	HRUND	EL Co. 17a
25A. DATE REC'D BY HEALTH DEPT. / 258, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
DEC 1 1969 2/2 0 8	aber M. D)	8/-18(2) [4]	1150m 16	100 READITLE
OFO I WAY		1 1 1 1 1 1 1 1	C 2010 1	(J. ~ J. ~ J

Lineales Memorand James From Balfinia 2531 Meening St. 11-3-1918 63 M.C. 451 0115-0-165 Carterman of person 1/104 09 1/26

BALTIMORE CITY HEALTH DEPARTMENT

69 11821 M	EDICAL	EXAMINER'S	CERTIFIC	CATE OF	DEATI	H REG. NO.	69	11821
I. NAME OF DECEASED			2. DATE OF	Known 🖾	Month	Doy	Yeor	Hour
	tt Jones		DEATH	Estimoted 🗆				M.
4. PLACE IN BALTIMORE, MARYLAN FULL NAME OF (IF NOT IN HO HOSPITAL ADDRESS OR L		ITUTION, GIVE STREET		INCED DEAD	Month 11	Day 27	Yeor 69	12:16 p _M .
University Ho	spital		A. STATE	Maryland		ed, il institution 3. COUNTY	residence b	pefore odmission)
6. SEX 7. RACE	8. MARR	IED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	TY LIMITS?	
male colored	WIDOW	ED DIVORCED		Baltimore		YE	s 🗆	NO 🗆
9. DATE OF BIRTH 10. AG lost big	E (In years thdoy) 36	If Under 1 Yr. It Under 24 Hrs. Months: Doys , Hours , Min.	E. STREET A	ND NUMBER 2622 Vio	let St	e .		
Florence S C		12. CITIZEN OF WHAT COUNTRY?	13. FATHER'	s NAME cy Jones				
14A.USUAL OCCUPATION (Give kind of done durifigment of your ing lile, even if reti	work 148. KIND red)	OF BUSINESS OR INDUSTRY	15. MOTHER					
16. WAS DECEASED EVER IN U.S. AR	MED FORCES	7 17. SOCIAL NO.	18 INFORM	MRs Patr	icia	Jones	DDRESS 62	21 Coldsp
DISEASE OR CONDITION DE LEADING TO DEATH (This does not meon the mode of heart failure, osthenio, etc. it meor injury or complication which couse the condition of the couse of the condition of the couse of the couse of the couse of the couse of the coupens of t	f dying, e.g., is the disease, d death.)	(A)IMMEDIATE C	AUSE AS A CONSEQ		ascula	r disea		TEN ONSET AND DEATH
RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE	(c)						
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN 20A. DATE OF OPERATION 20B.	N PART 1 (A).	NAL Obesity		P	3			
	CONDITION	FOR WHICH OPERATION WA	S PERFORM	ED	F 6.		no	PSY? (Yes or No)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy)		22B.PLACE OF INJURY (e.g., home, form, foctory, street, office	in or obout 2: bldg., eic.)	IC. WHERE DID (I	l In Boltimore	City, give exo	ct location)	
22D. TIME (Month) (Doy) (OF INJURY (APPROX.)	Yeor) (Hour		WHILE	F. HOW DID INJ	URY OCCU	R?	-	
I certify that I held on resulted from: Noturol ACTUAL SIGNATURE	Inquiry Couses &	Accident Suicid	Accid	ond that on thi micide U HIEF MEDICAL EX TANT MEDICAL EX	Indetermin	ed monner]	DATE SIGNED
EXAMINER'S NAME (Type) Werne	r U. Sr	itz M.D. De	eputy Ch	CIATE MEDICAL EX		 miner	11/	27/69
24A. BURIAL CREMATION, 24B. DAT REMOVAL (Specily) Burial 12/3	E	National	or CREMATO	RY 24D. L	ocation	(City, lown,	or county)	
25A. DATE REC'D BY HEALTH DEPT.		AME OF REGISTRAR		UNERAL DIRECTO			DRESS	
DEC 1 1969	To Bert	E. Faber, M.D.	A	Halstea	d 120		north	Ave
VS 151-REV. 1/1/68	1	1 1 1 1	()	0 0 6				



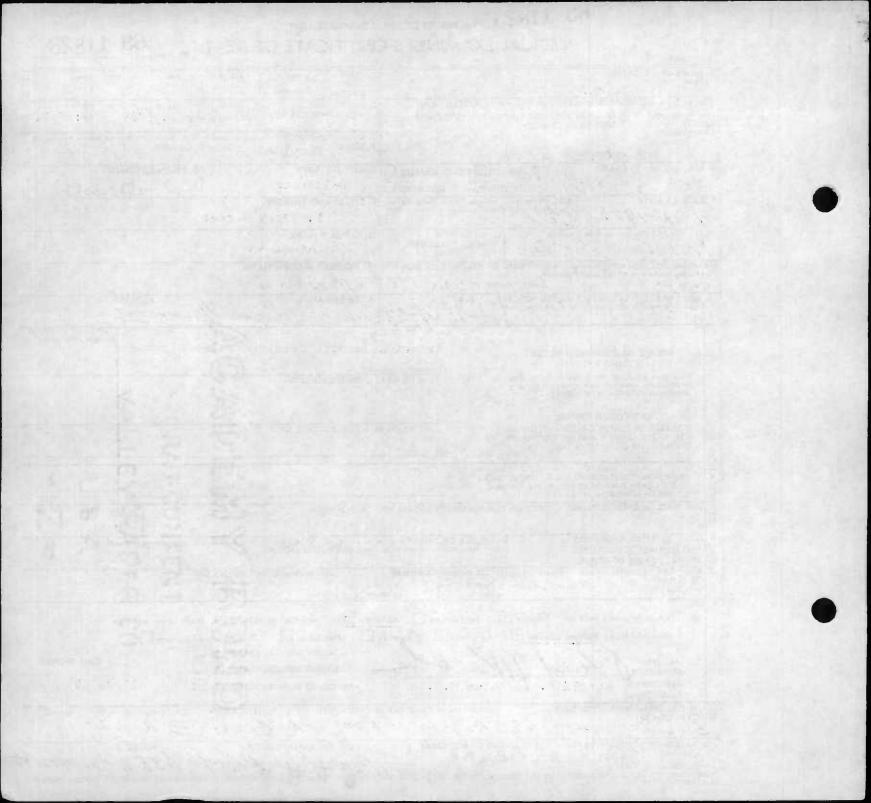
m	111
111	6351
,	56650
	an tat tat tat tat tat
	- p e c
	it e t
	Sp
	de de
	o de
	T te
	- g g g e io
	e = 0 = 0 e
1000	od ba
	Se Se
	o o o o o o o o o o o o o o o o o o o
	ec in the
	T. d.
	f d ct va va he
-	- 64 × + c
Z	19 5 4 6 b
≤	st e in e
~	ssi + + + + + + + + + + + + + + + + + + +
0	de de
4	his den
~	Als
	7 . 3 0 7 8
FUNERAL DIRECTOR: IMPORTANT	Pr de
0	ego rini
5	AAH
ш	0 X 6 Z
=	an an an an an an an an an an an an an a
	dic ici
4	ed in
2	t m m d d d d d d d d d d d d d d d d d
H	this e
5	+ × + × =
I	he be
	to the
	Q = 3 € P
	pt at (6
	ta de p
	th ex ex
7	4 o d
	4 4 0 0 4 4
	se se più
	a do a
	E + C E
	S T S T
	An An
	A P B
	Se C
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	he he
	F + 0 3 0 3

00 44000	TITY HEALTH DEPARTMENT	69 11822
BIRTH NO. 69 11822 CERTIFIC	CATE OF DEATH	REG. NO.
NAME OF DECEASED	2. DATE AND	HOUR OF DEATH
(Type or Print) Mildred Manfan)	11/22	169 2:45 pm
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		deceosed lived. If institution: residence before admission
	A. STATE B. COUNTY	1000
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
HARbor View C.C.	Bolto	YES NO
ANI DOI OIDA CC	E. STREET AND NUMBER	1.65 1.60
1) 1213 light St. Bolto md.	10 1/2 Aallonia	AUT
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8, DATE OF BIRTH 9.	AGE (In years If Under 1 Yr., If Under 24 H
F WIDOWED DIVORCED	5 /10/24 10s	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU:	STRY 11. BIRTHPLACE (State or foreign	country) 12, CITIZEN OF WHAT COUNT
done during most of working life, even if retired)	V: 11 0	
VF	North CA	MINIO VUSA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
5. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [Uf yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
18. CAUSE OF D	EATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEA
LEADING TO DEATH	womo of pla	negan Mos
(A)IMMEDIATE	CAUSE	regard / cc)
heart failure, asthenia, etc. It meons the disease,	AS A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, if ony, giving DUE TO, O	R AS A CONSEQUENCE OF:	
rise to the above cause (A) stating the UNDERLYING CONDITION lost, (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A). 199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH?
O 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (.g., in or obout 21C. WHERE DID	(If in Boltimore City, give exact location)
DEATH (notify medical examiner) etc.)	t, office bldg., INJURY OCCUR?	
Q 21D.TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJUR	RY OCCUR?
OF INJURY	While	
	Vork ,	
22. I certify that (*) (this haspital) attended the deceased from		69 to 120 V ZZ 19 63
that (A (we) lost saw the deceased alive on Nov 2	19 6 9 and that	in (my) (aur) opinion death occurred on the a
and hour and fram the causes stoted obove. (1) (We) (did) (did		7
23A. SIGNATURE	or, view the body offer deoffi.	238, DATE SIGNED
	Attending Med. St	off 🗆
1. Commy ton DECREE	Phys. Director Ph	145. LIVV 25,06
23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS	211 0
At CALEVIZATE MA	1209 51/ au	084.2)202
24A BURIAL CREMATION, 24B. DATE / 24C. NAME of CEMETERY of	CREMATORY 24D, LOC	ATION (City, town, or county) (State
TEMOVAL (pecify)	(1)	
11/20/67 11/3/8/ NH. Huburs	25C. FUNERAL DIRECTOR	At more Marvino a
25A. DATE REC'D BY HEALTH DEPT 125B. NAME OF REGISTRAR .		
	25C FUNERAL DIRECTOR	0
DEO 1 1060 00 0 0 8 Haber M.DO	1 Ordin P.	Carroll



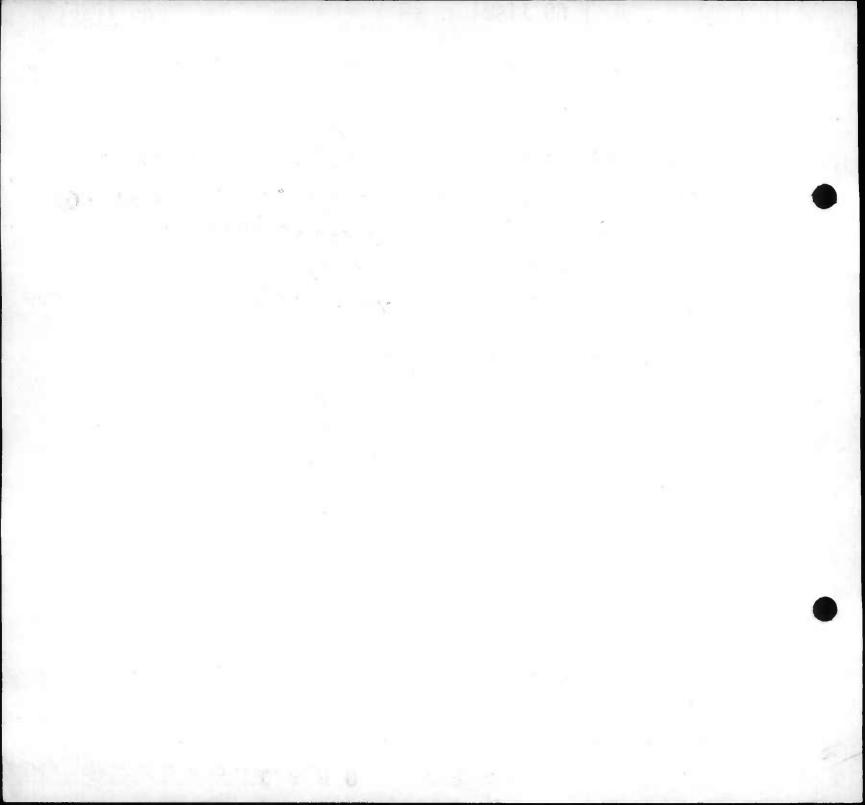
L-250	69 11823 BALTIMORE CITY HEALTH DEPARTMENT	
	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGING	

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH #50 NO 69 11823			
BIRTH NC.	REG. NO.			
I. NAME OF DECEASED	2. DATE Known Month Doy Year Hour			
(Type or Print) ZOBISH LOGAN	OF DEATH Estimoted M.			
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD November 28,1969 8:15 P.			
34 BON SECOURS NOSE	S. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE Maryland B. COUNTY			
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?			
Male Negro WIDOWED DIVORCED	Baltimore YES ANO			
9. DATE OF BIRTH 10. AGE (In yeors If Under 1 Yr. II Under 24 Hrs Months Days Haurs Min				
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME			
14A.USUAL OCCUPATION (Give kind al work) 14B. KIND OF BUSINESS OR INDUSTR				
done during most of working life, even if retired)				
LABOREN KIMORKAN BRAKE SH.	Anseron			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, neorunknawn) (If yes, give war or doles of service) SECURITY, NO	SUGAMANT RICHARDON UN			
19. AL. CAUSE OF DE	ATH APPROXIMATE INTERVAL			
Arterio	osclerotic Cardiovascular Disease			
1 FADING TO DEATH				
(A)IMMEDIATE	AS A CONSEQUENCE OF:			
heort follure, osthenla, etc. It means the disease, Injury or camplication which caused death.)	AS A CONSEQUENCE OF;			
allowed the second				
ANTECEDENT CAUSES (B)				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE				
LINDERLYING CONDITION LAST				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W				
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21. AUTOPSY? (Yes or No)			
0 2	yes			
₹ 22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY(e.g.	, In or about 22C. WHERE DID (If In Bollimare City, give exact lacation)			
UNDERLYING OR CONTRIB-	ice bldg., etc.) INJURY OCCUR?			
22D. TIME (Manth) (Day) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY				
(APPROX) WHILE AT NO	T WHILE			
23.				
	utapsy 🗵 and that on this basis, death in my apinion			
resulted from: Natural causes X Accident Suicide Homicide Undetermined manner				
1 101/1	CHIEF MEDICAL EXAMINER DATE SIGNED			
SIGNATURE SULPH Ward M.	ASSISTANT MEDICAL EXAMINED 1/2			
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 11/29/69			
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 240. LOCATION (City, town, or county) (State)			
REMOVAL (Specify)				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Mas have Alloyu (38) gizmor &			
APP T 1000 COURT	1XNIS rall & Hory 658 11 712mor V			
VS 151-REV. 3/1/68				



X.	a hospital and case of death ie; (5) Deceased ndance on the to death. Such
•	eath occurred in or contributing or indetermined causs in regular attedeceased prior ition is made.
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be approved by the body was released to the hospi shows: (1) An accident of any nature was D.O.A. at a hospital (except w deceased prior to death); and (6) I written approval must be obtained

G-125 69 11	824 BALTIMORE CITY	HEALTH DEPARTMENT	69 11824	
MRE CASE NO. Lee. Gibs	CEDITICICA	TE OF DEATH Registered No	09 11954	
1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH		
	350N	Nov. 29 196		
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION Gen Lam		A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admitsion) A. STATE A. J.		
		C. CITY ONTOWN (II outside city limits, write RURAL and give township)		
		305 N SANCKORS		
5. SEX 6. RACE 7. MAR	RIED, NEVER MARRIED	1	II Under 1 Yr., II Under 24 Hrs.	
m. Cul S.	OWED. DIVORCED (specify)	2-22-1910 lost birthdown	Months Doys Hours Min,	
10A, USUAL OCCUPATION (Give kind of work 10B, KINd down during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) WALNUT CONE NIC	12. CITIZEN OF WHAT COUNTRY?	
13. FATHERS NAME	2,000	14. MOTHER'S MAIDEN NAME		
FRNEST GIBS	an a	Lucy		
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) Ill yes, give wor or doles of sen	ice) 16. SOCIAL SECURITY NO.	Fanost Gisson 275	Ellament St	
18.436114-1621	CAUSE O	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) Ce	reprovessila acadent	- I month	
(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenio, etc. It means the disease,				
injury or complication which caused death.) ANTECEDENT CAUSES	(B) Crean	eralized anteriosolerose	2 link.	
DISEASES OR CONDITIONS, if ony, g	DUE TO	8		
rise to the obove couse (A) sloting UNDERLYING CONDITION lost.	lhe (c) Ca	scenaria of the lung	Al mos.	
		0		
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING) THE			
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?	
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i home, form, loctory, street, o etc.)	in or about 214. WHERE DID (If in Baltimore ffice bldg., INJURY OCCUR?	City, give exact location)	
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?		
S OF INJURY	While At Work Not Whi			
22. I certify that (1) (this hospital) attend			100 29 1969	
that (I) (we) last saw the deceased alive		29 19 69 and that in(my) (aur) apir		
and hour and from the causes stated aba	ve. (I) (We) (did) (did not)	view the bady after death.		
23A SIGN ATURE	^)		238. DATE SIGNED	
1. William In la	M.D. Att	rending Med. Staff Phys. Phys.	Nov. 29, 1969	
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
R. William Schmidt M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)				
REMOVAL (Specify)	BALDO NATI	B A	ly, town, or county) (State)	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR				
VS 150-REV. 1/1/65	the sealing			

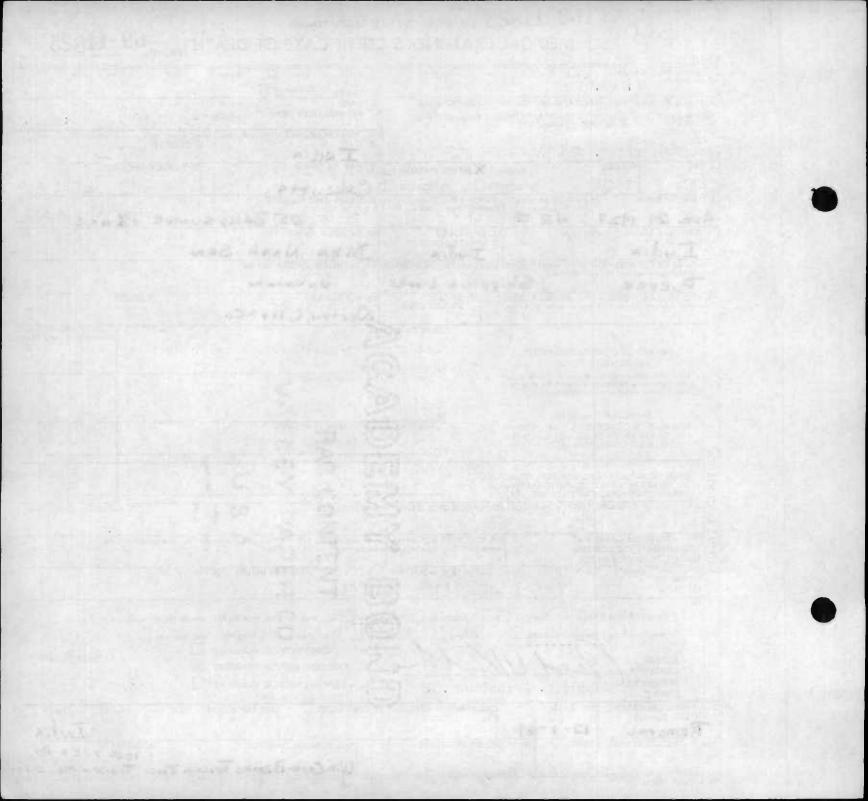


S-500 69 11825 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	FYAMINER'S	CERTIFICATE	OF DEATH	4
MEDICAL	EVAMIIJEK 2	CERTIFICATE	OF DEATE	u

	NO	69	11	8	2
v.	140			-	

	MEL	PICAL E	XAMINER'S	LERTIFIC	CATE OF	DEAT	H REG. NO.	2 11	628	
BIRTH NC.							KEG. 140			
1. NAME OF DEC	Diba N. SEN			2. DATE OF	Known 🗌	Month	Day	Yeor	Hour	
				DEATH	Estimoted					М.
	TIMORE, MARYLAND, Y			3. DATE	NICED DEAD	Month	Doy		Hour	
HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	ON, GIVE STREET		SIDENCE (When		ed. If institution: re		9:10	M.
SOUTH	BALTO. GENERA	AL HOSPI	TAL	A. STATE	dia		B. COUNTY	V	-58	011)
6. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR			D. INSIDE CITY	LIMITS?		
Male	Indian	WIDOWED [DIVORCED [utta,		YES	□ N	0	
9. DATE OF BIRTH	H 10.AGE (In	y) Moni	nder 1 Yr. II Under 24 Hrs. hs Doys Hours Min.		ND NUMBER					
AUG. 29	1927 42	45		India	, 25 3	ALLY &	UNGE	PLAZ	52	
11. BIRTHPLACE (S	tote or loreign country)		ITIZEN OF	13. FATHER'S						
Ind:	A	. <u>.v</u>	VHAT COUNTRY?	Dibe	142 G F	1 SE	N			
14A.USUAL OCCU	PATION (Give kind of work)	148. KIND OF	BUSINESS OR INDUSTR			ME				
PURS 9	orking tife, even if retired)	Shipp	ine Lines		NKNOWN	,				
	ED EVER IN U.S. ARMED		17. SOCIAL	18. INFORM	•		ADD	RESS		
(Yes, no or unknown)	(If yes, give wor or doles	of service)	SECURITY NO.	0	w. L. LLY	250	7,55	N.L.D.D		
19	7 18		CAUSE OF DEA		2, 0, 00	-0.		APPR	OXIMATE INT	FRVAL
4/00	, 4-1							BETWEE	N ONSET AN	
	E OR CONDITION DIRE	CTLY	Arterio	scleroti	c Cardio	vascula	ar Diseas	e		
	LEADING TO DEATH of mean the mode of dy	des es	(A) IMMEDIATE C							
heart loilure,	, osthenio, etc. It meons the	e diseose,	DUE TO, OR	AS A CONSEQU	JENCE OF:					
injury or com	aplication which coused dec	oth.)								
AA	NTECEDENT CAUSES		(9)							
DISEASES C	OR CONDITIONS, IF ANY	, GIVING	DUE TO, OR	AS A CONSEQ	UENCE OF:					
	IG CONDITION LAST.	TING THE	4.							
6			(c)							
OTHER SIGN	IFICANT CONDITIONS CO	ONTRIBITING								
O THE DEA	ATH BUT NOT RELATED TO	THE TERMINAL								
20A DATE OF	CONDITION GIVEN IN PA		WHICH OPERATION WA	C DEDECTION	-				(V	
OTHER SIGN TO THE DEA DISEASE OR 20A. DATE OF	OFERATION 200. CO	ADIIION FOR	WHICH OPERATION W	AS PERFORM	ED .		2	1. AUTOPS	Y? (Yes or	No)
1 04								yes		
UNDERLYING	NAL CAUSE WAS	228. P	PLACE OF INJURY (e.g., , form, foctory, street, office	in or obout 22	C. WHERE DID	(II In Boltimor	e City, give exact i	ocation)		
	USE OF DEATH.									
OF INJURY	Month) (Doy) (Year	r) (Hour) 22	E.INJURY OCCURRED	22	F. HOW DID IN	JURY OCCU	R?			
(APPROX.)		m. W	HILE AT NOT	WHILE						
23.			OM LI AI W	OKK						
I certi	Ify that I held an I	nquiry 🗌	Inspection Au	topsy 🗱	and that on t	his basis,	death in my ap	Inian		
result	ed from: Natural cau	ses X A	celdent Suicid				ed manner			
		1 /	/ //		HIEF MEDICAL I					
ACTUAL	1/200	1/1/	11/4		TANT MEDICAL I		$\overline{\mathbf{x}}$	D	ATE SIGNI	ED
SIGNATU		1/10	M.D	•						
EXAMINE NAME (T	ype) Konaid N	. Kornbl	um,M.D.	ASSO	CIATE MEDICAL E	XAMINER	L 1	1/30/6	9	
24A. BURIAL CREA REMOVAL (Specif	MATION, 248. DATE	240	C. NAME of CEMETERY	or CREMATOR	RY 24D.	LOCATION	(City, town, or	r county)	(Stote)
REMOVE	100 100	-69			-				Tol	. 0
25A. DATE REC'D			OF REGISTRAR	25C. FI	JNERAL DIRECT	OR	ADDI	RESS		70
		100	ALTO THE				1	050 Y		ex,
DEO 1	1000 SIR B	C No lea	2020 15	. Iwn.	600 Kg 13 Ray	iks low	SON INC.	Towso	N, MD.	2.20

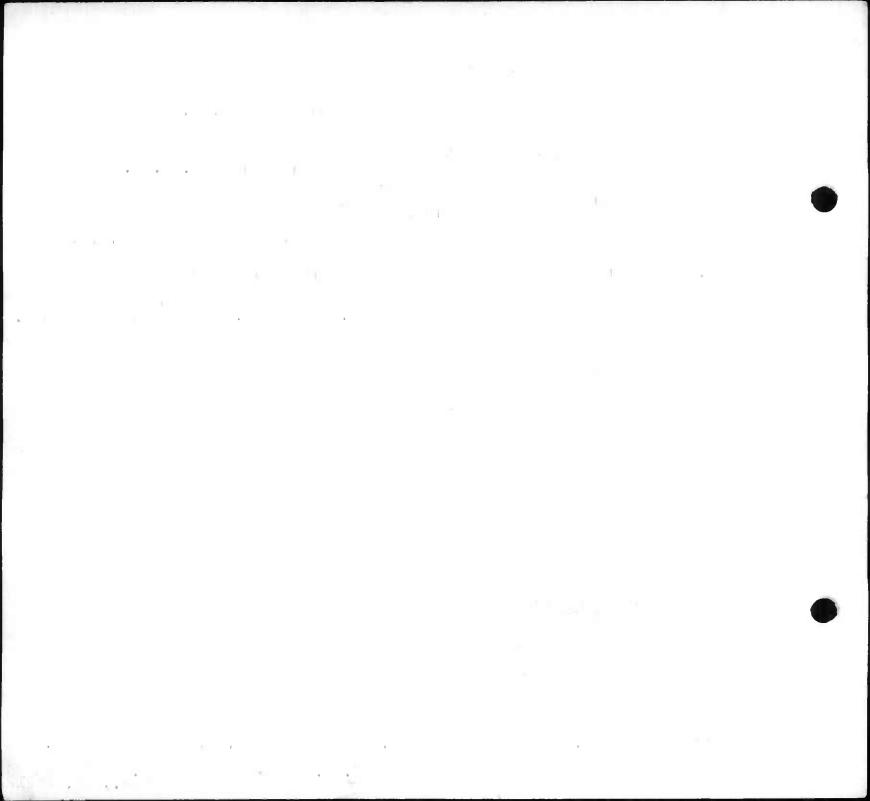


H-156 69 11826 BALTIMORE CITY HE	CERTIFICATE OF DEATH REG. NO. 69 11826
BIRTH NO. 69.19602	LEKTIFICATE OF DEATH REG. NO. 69 11826
I. NAME OF DECEASED (Type or Print) JOSEPH HEFNER, JR.	2. DATE Known A Month Doy Yeor Hnur OF Estimoted November 27, 1969
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Doy Year Hour PRONOUNCED DEAD November 27 1060 7.20 A
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A STATE R COUNTY
Church Home & Hospital (DOA)	Maryland C, CITY OR TOWN D. INSIDE CITY LIMITS?
MARKIED INEVER MARKIED	
9. DATE OF BIRTH 10. AGE (In years H Under 1 Yr. II Under 24 Hrs.	, 113 E 110 C
10/6/69 last birthday) Months, Days, Haurs, Min.	2633 Hudson Street
11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF	13. FATHER'S NAME
Baltimore, Md. WHAI COUNTRY? U.S.A.	Joseph Hefner
14A.USUAL OCCUPATION (Give kind al work 148. KIND OF BUSINESS OR INDUSTRY done during most of working life, even il retired)	
None None	Donna Golden 118. INFORMANT ADDRESS
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no or unknown) (il yes, give wor ar doles of service) SECURITY NO.	
No None CAUSE OF DEA	Hospital Records
7 9 5 X1	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Sudden death in infancy
(This does not mean the mode of dying, e.g., (A) IMMEDIATE (AUSE SUDDENCE OF:
heort failure, asthenia, etc. It means the disease, Injury or complication which caused death.)	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
O II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	Yes
22B. PLACE OF INJURY (e.g., home, lorm, loctory, street, offic UNDERLYING ☐ CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., home, lorm, loctory, street, offic UNDERLYING ☐ CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED	in ar about 22C. WHERE DID (II in Baltimore City, give exoct location) bldg., etc.) INJURY OCCUR?
OF INTERV	22F. HOW DID INJURY OCCUR?
(APPROX.) m. WORK AT W	WHILE
23. I certify that I held an Inquiry Inspection Au	
resulted from: Natural couses X Accident Suicia	
ACTUAL (1)	CHIEF MEDICAL EXAMINER L
SIGNATURE M.D	
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER LI November 27, 1969
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	ar CREMATORY 24D. LOCATION (City, lown, ar county) (State)
Burial 11/29/69 Moreland	
DEC 1 1969 2 258. NAME OF REGISTRAR	H.W.Jenkins & Sons Co. 4905 York Rd
VS 151-REV. 1/1/68	0 8 6 1 U LALLO, FIG. CLETE

The second second • • • •

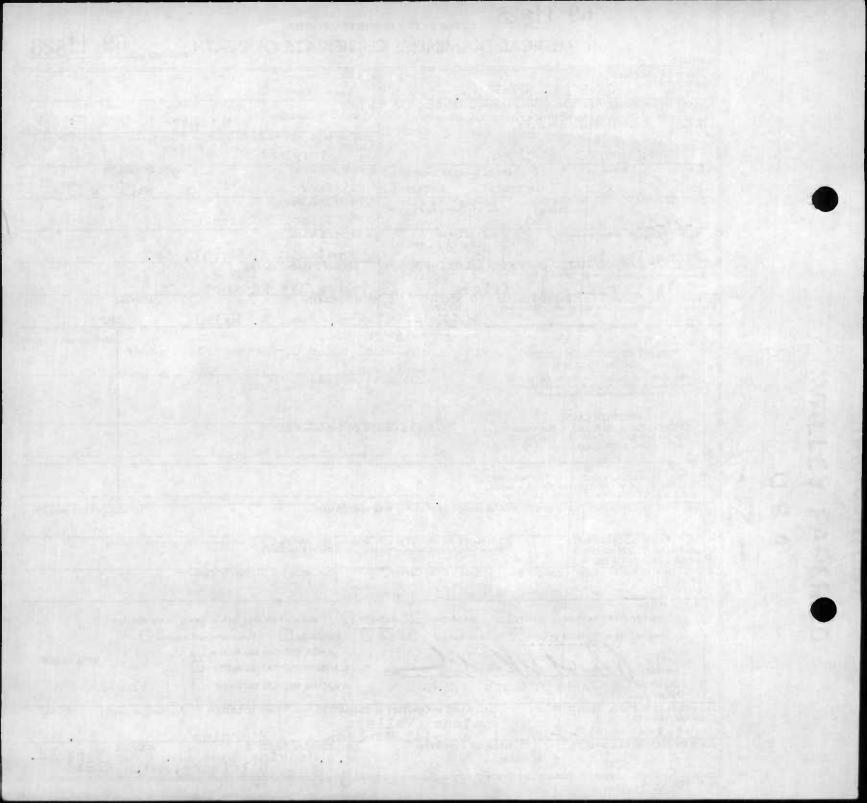
C

		Y HEALTH DEPARTMENT X BEG NO 69 11827
BIF	TH NO. CERTIFICA	ATE OF DEATH REG. NO.
	Pe or Print)	2. DATE AND HOUR OF DEATH
1	AMANDA L. MOZINA	27 790V 1969 9:55 P. M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission) A. STATE B. COUNTY
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	WASHINGTON D. C. V.48
IN	NOUTUTE	C. CITY OR TOWN D. INSIDE CITY LIMITS?
-	THE JOHNS HOPKINS HOSPITAL	E. STREET AND NUMBER
3	3	2121 VIRGINIA AVE. N. W.
5. :	EX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. If Under 24 Hrs.
_	EMALE WHITE WIDOWED DIVORCED X	Z_5_15 Min. Months: Doys Hours Min.
don	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS DE DE CENTER)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Secretary Pan American_Health	
		14. MOTHER'S MAIDEN NAME
	JOSE MOLINA	(GABREILLE PINEO) Gabriela Pinedo
15. Ye:	Wos Deceosed Ever In U. S. Armed Forces? no or unknown) (If yes, give wor or doles of service) SECURITY NO.	17. INFORMANT 17 E. Cary Street
	No	Mrs. William L. Burnette -Richmond, Va.
	18. 7 3 4 1 CAUSE OF DEATH	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
	(This does not meen the mode of dying, e.g.,	A CONSEQUENCE OF: (B) Clupus nephritis)
	hoorl foilure, asthenia, etc. it means the disease, injury ar camplication which caused death,)	(B) Clupus nephritis)
	ANTEGERALE	
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
	nse to the above cause (A) stating the UNDERLYING CONDITION lost. (C)	
	\0/	
N 0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
ŒΙ	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19 A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	AA 4
ERTIFIC	WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?
3	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	as about 21 C WHERE DID
3	OR CONTRIBUTING CAUSE OF home, form, fociory, street, of etc.)	fice bldg. INJURY OCCUR?
	21 D. TIME (Month) (Doyl (Yoor) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	(APPROX.) While At DAR At Work	A/A
	22. I certify that (1).	_
	that (i)(we) last saw the deceosed olive on 27 770/	19 69 and that ir (my) (our) apinion death occurred on the date
- 1	ond have and from the causes stated above. (1) (We) (did) (did not) vi	
	23A. SIGNATURE	23R, DATE SIGNED
	John & Sullivan Manager Phys	nding Med. Staff The
	DEGREE, DEGREE	23D. ADDRESS
	John L. Sullivan, MD.	The Johns Hopkins Hospital
4A.	BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)
	urial 12/1/69 Moreland Mem.	Park Balto.Co. Md.
:5A	EC 1 1969 258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR H. W. Jenkins & Sons Co. 4905 York R
		H W Jenkins & Sons Co. 4905 York F Balto Md 2121
5 1	50-REV. 1/1/68	

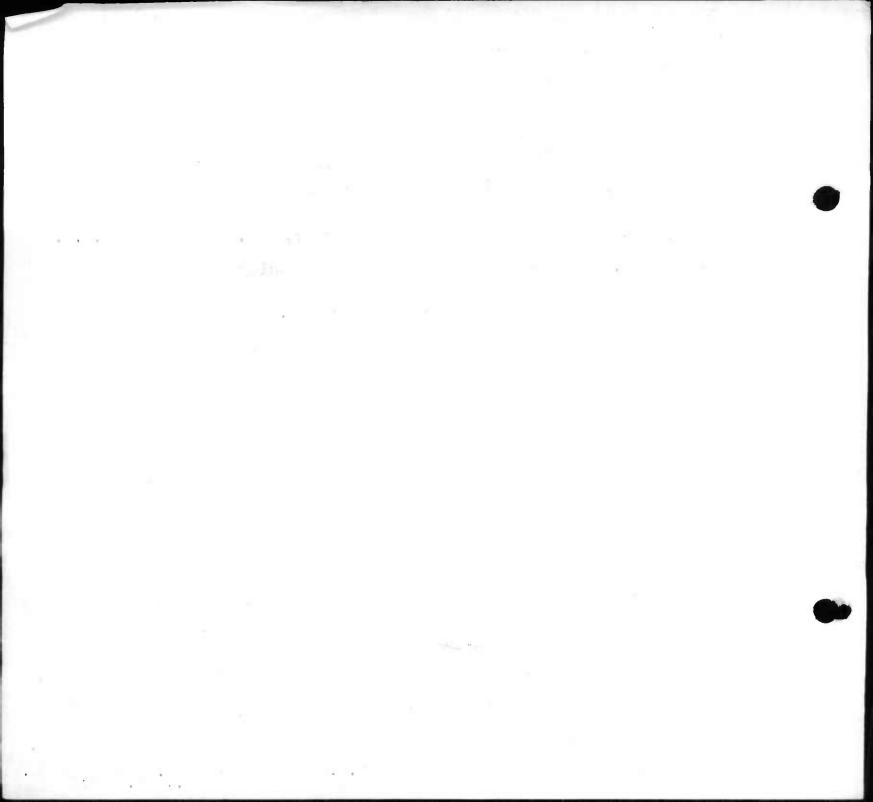


1 P_WM 69 11828 BALTIMORE CITY HEALTH DEPARTMENT		7-70	MEDICALE	YAMINED'S CEDTIEICATE OF
	1	Pum	69 11828	BALTIMORE CITY HEALTH DEPARTMENT

, ,			WED	ICAL	EXAMINER'S	LEKTIFI	CATEON	DEAT	H REG. NO	00	TTASA
BIRTH NO.	E DEC	EASED				2. DATE	Knawn 🔲	Month	D	Yeor	lo.
(Type or Prin	11	BENJAM	TN H.	RAIH	П	OF	Estimoted	MOHIII	Doy	Teor	Hour
4. PLACE II					RONOUNCED DEAD	DEATH 3. DATE	Estimoted Es	Month	Doy	Yeor	Hour M.
FULL NAME (OF				TITUTION, GIVE STREET		UNCED DEAD		mber 29,		7:15 P. _{M.}
OR INSTITUTI	ON					5. USUAL R	ESIDENCE (When		ed. Il institution: B. COUNTY	residence b	efare admission)
33:	JOHN	S HOPK	INS HO	SPITA	L	A. SIAIL	Maryland		b. COUNT	12	02
6. SEX		7. RACE		8. MARI	RIED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?	
Male		Whi	te	WIDOV	VED DIVORCED	Balti			YES	s 🖾 🗈	10 0
9. DATE OF	BIRTH		10. AGE (in lost birthday	yeors	If Under 1 Yr. If Under 24 Hrs. Manths; Doys; Haurs; Min.		AND NUMBER				No.
2-27	-16			53		1	Barclay	Street			
11. BIRTHPL	ACE (S	ate or lareig	n country)		12. CITIZEN OF WHAT COUNTRY?	13. FATHER	'S NAME				
14A.USUAL	OCCU	vania	kind al work	4B. KINI	USA OF BUSINESS OR INDUSTRY	Ben 15. MOTHE	jamin H	Raih	l, Sr.		
dane during m	nostof w	arking life, ev	en il retired)		ficer						
16. WAS DE	CEASE	Dept	U.S. ARMED	FORCE:	S? 17. SOCIAL	18. INFOR	MANT	angero		DRESS	
(Yes, no ar un	known)	(If yes, give w	rar or dotes	ol service	705-10-799	Mrs.	Jean M	. Raih	.7	Sam	
19.	7 9	n it.			CAUSE OF DEA		ogan m	Italii	l do	APF	ROXIMATE INTERVAL
7	/ 10	ORCOND	ITION DIREC	711	Arterio	sclero	tic Cardi	ovascul	ar Disea		EN ONSET AND DEATH
J		EADING TO		-ILT			010 00101				
(This	does no	t meon the asthenio, etc.	made of dy	ng, e.g.,	(A)IMMEDIATE O	AS A CONSEC	UENCE OF:				
injury	ar com	plication which	h caused dec	th.)							
	AN	ITECEDENT	CAUSES		(n)						
DISE		R CONDITION		GIVING	(B) DUE TO, OR	AS A CONSE	QUENCE OF:				
II IIND	ERLYIN	G CONDITI	ON LAST.	ING INE	(c)						
Ď			11		(C)						
ZOA. DA	RSIGN	FICANT CON	IDITIONS CO	NTRIBU	TING						
E DISEA		TH BUT NOT									
20A. DA	ATE OF	OPERATION	20B. CON	IDITION	FOR WHICH OPERATION W	AS PERFORA	AED			21. AUTOF	SY? (Yes ar Na)
0 2/										ye:	5
₹ 22A.		AL CAUSE			22B. PLACE OF INJURY (e.g., home, farm, lactory, street, offic	In or about	NUIN OCCUPS	(Il in Boltimar	e City, give exac	t location)	
		☐OR CON'			monre, term, tectory, since, once	e blug., etc.)	NOOK! OCCOR!				
∑ 22D. TI OF INJU		Month) (D	ay) (Year) (Hou			22F. HOW DID IN	NJURY OCCU	JR?		
(APPRO						WHILE ORK					
23.					7						
		fy that I h		nquiry [topsy 🔀			deoth In my o	1	
	result	ed from: N	otural cou	ses X	Accident Sulcid		omicide		ned monner L	1	
Ac	CTUAL	1/	, /	111	1.11		CHIEF MEDICAL		H	1	DATE SIGNED
SIC	SNATU		~91	MIC	M.D	. ASSI	STANT MEDICAL	EXAMINER		- 10-1	
11	AMINE	INC	nald N	. Ko	rnblum,M.D.	ASSC	OCIATE MEDICAL	EXAMINER		11/30/	59
24A. BURIA REMOVAL			48. DATE		24C. NAME of CEMETERY		DRY 24D	LOCATION	(City, tawn,	ar caunty)	(State)
Buris		1	12-3-6	9	Dulaney Val		m	imoniu	1777		Md.
	and the same of th	BY HEALTH I	DEPT.		IAME OF REGISTRAR	ardens	FUNERAL DIRECT	OR	AD	DRESS	
DEC	1	1969	To Bert	E , 40	Ser, M. D.	H.V	J.Jenkin	s_Sons	ore, Md	905 X	ork Rd.
VS 151-REV.	1/2/69			-		1 8	0	-			



1	7-520 69 11829 BALTIMORE CITY	HEALTH DEPARTMENT 69 11829
sed the the	BIRTH NO. CERTIFICA	TE OF DEATH REG. NO.
0 0 N	1. NAME OF DECEASED MC NELLIS (Type & Pini) + h ERINE I Hom AS	2. DATE AND HOUR OF DEATH 11/29/69 440 A. M.
hospital ise of d (5) Dece ance or death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
cause se; (5) endanc to dec	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland Baltimore 5300 c. CITY OR TOWN D. INSIDE CITY LIMITS?
in age cau	MERCY HOSPITAL	TOWSON YES X NO
ar de.		1031 Donington Circle
occurre ontribut ermined regular eased p is made	F W WIDOWED DIVORCED	8. DATE OF BIRTH 11/13/1905 9. AGE (in yeors lid Under 1 1/6. If Under 24 Hrs. Months; Doys Hours Min.
der der der der der der der der der der	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if reflired) Homemaker Own Home	Chicago, Ill. 12. CITIZEN OF WHAT COUNTRY? U.S.A.
de tro Un vas	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(4) (4) the special sp	Richard V. McNellis	Helem Scanlon
1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO.	17- INFORMANT ADDRESS
음투자고등	No 216-32-3409	1 Daile
S a b o	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
Also Also noun atte	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CAU DUE TO OR AS	JSE HOWE M.L. A CONSEQUENCE OF:
ner. actu pro ular mba	heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	4.5. C.V.D. &
amira A fra A ho regu	ANTECEDENT CAUSES (B)	
(3) × 4 in single	DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS rise to the above cause (A) stating the UNDERLYING CONDITION last.	A CONSEQUENCE OF:
f medical medical y burns; physicia ian was e remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	pothyroidism
P P P P P P P P P P P P P P P P P P P	19A-DATE OF OPERATION 19E CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. ANZOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
he co	OR CONTRIBUTING TO CALLER OF	n or obout 21 C. WHERE DID (II in Boltimore City, give exoct location) lice bldg., INJURY OCCUR?
proved by the hospital iny nature; (except whe and (6) No obtained be	DEATH (notify medical examiner) DEATH (notify medical examiner) DEATH (notify medical examiner) DEATH (notify medical examiner) DEATH (notify medical examiner) PROPERTY (Month) (Doyl (Year) (Hour) OF INJURY OCCURRED While At Not While At Work At Work	21F. HOW DID INJURY OCCUR?
SEXXEE	22. 1 certify that (1) (this hospital) attended the deceosed from	11-25-1968 10 11-25 1968
00000	that (1) (we) last saw the deceased alive on	19 ond that In(my) (our) apinion deoth accurred on the date
0	and hour and from the causes stated above. (i) (We) (did) (did nat) vi	
E do de	Atter peges Phys	nding Med. Staff 23B, DATE SIGNED 11-29-68
was r An a A. at a prior	PASSICIANTS NAME (Type) AWTO/Namid Suladans	Mercy Hosp. Ballo Md. 2120
body vs: (1) D.O. D.O.	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	
This certi the body shows: (1 was D.O. deceased written a	Burial 12/1/69 Loudon Park	Baltimore Md.
This the back was dece	DEC I 1969 OFFER TANKS OF U	H.W. Jenkins & Sons Co. 4905 York Rd.
,	VS 150-REV. 1/1/68	



	RTH NO.	69	11830	CERTIFICA	Y HEALTH DEPARTMENT	REG. NO	69 11830
(Ту	NAME OF DEC (pe or Print)	Caleb Mc	Daniels		2. DATE A	ND HOUR OF DEAT	6:10 p.
3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Wh.	ere deceased lived. If	institution: residence before admis
FU HC IN	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPITA	AL OR INSTITUTION	ON, GIVE STREET	Maryland c. City OR TOWN		ASIDE CITY LIMITS?
	39	Pr ovi dent 1514 Divi			Baltimore E. STREET AND NUMBER		YES NO
=	SEX	Baltimore			720 N. Carro		ue
м	ale	6. RACE Negro	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 2/13/90	9. AGE (In years last birthdoy) 79	Months Days Hours Mi
dan	in countril most of A	vorking life, even if retired) employed	108, KIND OF BU	JSINESS OR INDÚSTRY	South Caroli		12 CITIZEN OF WHAT COUL
13.	FATHER'S NAM	ΛE			14. MOTHER'S MAIDEN NA	ME	
15. (Ye:	Wes Deceased s, no or unknown)	Ever in U. S. Armed Fara Of yes, give war ar doler	s of service) 2	social security no. 15-10-0736	17. INFORMANTUrs. Mrs. Cleo Th	Villa Butlomas- daug	ler ADDRESS hter 2327 N. Loi
	(This does no	E OR CONDITION DIR LEADING TO DEATH at mean the mode of asthenia, etc., it means plication which caused	dvina o a	(A)IMMEDIATE CAL	0	1 arten	APPROXIMATE INTERV BETWEEN ONSET AND D
	A	NTECEDENT CAUSES					
NOTION	of the Death	R CONDITIONS, if a above cause (A) CONDITION last,	stating the	(C)	A CONSEQUENCE OF:	***************************************	
ERTIFICATION	OTHER SIGNIFIE TO THE DEATH DISEASE OR CO	CONDITION last. CANT CONDITIONS CON BUT NOT RELATED TO TH NOTITION GIVEN IN PART OPERATION 198. COND WAS PERFO	Stating the NIRIBUTING E TERMINAL 1 (A). STION FOR WHITON	(c)	A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No. No.	208, IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH?
CAL CERTIFICATI	OTHER SIGNIFIE TO THE DEATH DISEASE OR CO 19A- DATE OF CONTRIBUT DEATH INSERT OF CONTRIBUT DEATH INSERT OF CONTRIBUT DEATH INSERT OF CONTRIBUT DEATH INSERT OF CONTRIBUT DEATH INSERT OF CONTRIBUT DEATH INSERT OF CONTRIBUT	CONDITION last. CANT CONDITIONS CON BUT NOT RELATED TO THE NOTITION GIVEN IN PART OPERATION 198 COND WAS PERFO T WAS UNDERLYING TIME CAUSE OF medical examines	Stating the NIRIBUTING E TERMINAL 1 (A). STION FOR WHITON	(C)	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	E FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL	OTHER SIGNIFIE TO THE DEATH DISEASE OR CO 19A- DATE OF 21A- ACCIDEN OR CONTRIBUT DEATH Innsity	CONDITION last. CANT CONDITIONS CON BUT NOT RELATED TO THE NOTITION GIVEN IN PART OPERATION 198. COND WAS PERFO T WAS UNDERLYING 1 TWO CAUSE OF medical examined	NIRIBUTING E TERMINAL 1 (A). NITION FOR WHITE DORMED 218, PLA home, fetc.	CH OPERATION ACE OF INJURY (e.g., in orm, factory, street, old	NO n or obout 21C, WHERE DID INJURY OCCUR? 21F. HOW DID INJ	(If In Baltima	
MEDICAL	ise to the UNDERLYING OTHER SIGNIFIT TO THE DEATH TO THE DEATH TO THE DEATH TO THE TO THE TO THE TO THE TO THE TO THE TO THE THE TO THE TO THE TO THE TO THE TO THE TO THE THE TO THE THE THE TO THE THE THE THE THE TO THE T	cabove cause (A) CONDITION last. CANT CONDITIONS CON BUT NOT RELATED TO THE NOTITION GIVEN IN PART OPERATION 198. COND WAS PERFO T WAS UNDERLYING TING CAUSE OF medical examines (Manth) (Doy) (Year)	Stating the STRIBUTING E TERMINAL 1 (A). STON FOR WHITE ORMED 218, PLA heme, for etc.) (Hous) 21E, INJ While A Work attended the d	CH OPERATION ACE OF INJURY (e.g., in orm, factory, street, of the orm). IURY OCCURRED Not While At Work.	20A. AUTOPSY? (Yes or No No No nor obout 21C. WHERE DID lind of bidg., INJURY OCCUR? 21f. How did inj	(If In Baltima	ore City, give exact location)
MEDICAL	ise to the UNDERLYING OTHER SIGNIFITO THE DEATH- DISEASE OR CO. 19A. DATE OF 21A. ACCIDENT OR CONTRIBUT DEATH INDEXT OF INJURY LAPPROX.) 22. I certify that (I) (we) I	cabove cause (A) CONDITION last. CANT CONDITIONS CON BUT NOTRELATED TO THE NOTION GIVEN IN PART OPERATION 19R. COND WAS PERK T WAS UNDERLYING TIME CAUSE OF medical examines (Manth) (Doy) (Year) that (I) (this hospital)	Stating the STRIBUTING E TERMINAL 1 [A). STRION FOR WHITE STRING (Hour) 218, PLA home, for etc.) (Hour) 218, INJ White A Work attended the d	CH OPERATION ACE OF INJURY (e.g., in order of the control of the	20A. AUTOPSY? (Yes or No No No nor obout 21C, WHERE DID finder bidg., INJURY OCCUR? 21f. HOW DID INJ ember 26,	IN CERTIFYING CA	ore City, give exact location)
MEDICAL	oTHER SIGNIFITO THE DEATH DISEASE OR CC 19A. DATE OF CONTRIBUT DEATH mostly: 21D. TIME OF INJURY LAPPROX.) 22. I certify that (I) (we) I and hour and	above cause (A) CONDITION last. CANT CONDITIONS CON BUT NOT RELATED TO TH NOTITION GIVEN IN PART OPERATION 198. COND WAS PERFO T WAS UNDERLYING 198. COND T	Stating the STRIBUTING E TERMINAL 1 [A). STRION FOR WHITE STRING (Hour) 218, PLA home, for etc.) (Hour) 218, INJ White A Work attended the d	CH OPERATION ACE OF INJURY (e.g., in order of the control of the	20A. AUTOPSY? (Yes or No No No No nor obout 21C, WHERE DID fice bidg., INJURY OCCUR? 21f. HOW DID INJ	IN CERTIFYING CA	ember 26, 19
MEDICAL	ise to the UNDERLYING OTHER SIGNIFITO THE DEATH- DISEASE OR CO. 19A. DATE OF 21A. ACCIDENT OR CONTRIBUT DEATH INDEXT OF INJURY LAPPROX.) 22. I certify that (I) (we) I	above cause (A) CONDITION last. CANT CONDITIONS CON BUT NOT RELATED TO TH NOTITION GIVEN IN PART OPERATION 198. COND WAS PERFO T WAS UNDERLYING 198. COND T	Stating the STRIBUTING E TERMINAL 1 [A). STRION FOR WHITE STRING (Hour) 218, PLA home, for etc.) (Hour) 218, INJ White A Work attended the d	CH OPERATION ACE OF INJURY (e.g., in orm, factory, street, of the colory). IURY OCCURRED AI Wark AI Wark Accessed from NOV Avenue 26 (e) (did) (did not) v	20A. AUTOPSY? (Yes or No No No nor obout 21C, WHERE DID linjury OCCUR? 21F. HOW DID INJ ember 26, 1969 ond the liew the body after death.	(If In Boltimo	ember 26, 19 6
MEDICAL	other Signification of the Death Indifference of the Death Indifferenc	cabove cause (A) CONDITION last. CANT CONDITIONS CON BUT NOT RELATED TO THE NOTITION GIVEN IN PART OPERATION 198. COND WAS PERFO T WAS UNDERLYING TING CAUSE OF medical examines (Manth) (Doy) (Year) that (1) (this hospital) last sow the deceased from the couses state C	Stating the STRIBUTING E TERMINAL 1 [A). STRION FOR WHITE STRING (Hour) 218, PLA home, for etc.) (Hour) 218, INJ White A Work attended the d	CH OPERATION ACE OF INJURY (e.g., in order), street, of the work	20A. AUTOPSY? (Yes or No No No No No nor obout 21C, WHERE DID finder bidg., INJURY OCCUR? 21F. HOW DID INJury Occurs 21F. HOW DID INJury Occurs e Discourse of the control of the contr	IN CERTIFYING CA	ember 26, 19
MEDICAL	ise to the UNDERLYING OTHER SIGNIFIT TO THE DEATH-DISEASE OR CC 19A-DATE OF CONTRIBUT DEATH mostly 121D. TIME OF INJURY IAPPROX.) 22. I certify that (I) (we) I and hour and 23A. SIGNATUR 23C. PHYSICIAN NAME (Type)	CONDITION last. CANT CONDITIONS CON BUT NOT RELATED TO THE NOTION GIVEN IN PART OPERATION 198. CONDITIONS CON	Stating the STRIBUTING E TERMINAL 1 [A]. STRIBUTING E TERMINAL 1 [A]. STRIBUTING E TERMINAL 1 [A]. 218. PLA hame, for etc. 218. PLA hame, for	CH OPERATION ACE OF INJURY (e.g., in orm, factory, street, of the factory). IURY OCCURRED Not White At Work the work of the factory of the	20A. AUTOPSY? (Yes or No No No No No No No No No No No No No	IN CERTIFYING CA	ember 26, 19 6
WEDICAL	ise to the UNDERLYING OTHER SIGNIFIE TO THE DEATH-DISEASE OR CO. 19A. DATE OF	above cause (A) CONDITION last. II CANT CONDITIONS CON BUT NOT RELATED TO TH INDITION GIVEN IN PART OPERATION 198 COND WAS PERFO T WAS UNDERLYING THOSE CAUSE OF medical examined (Manth) (Day) (Year) (Math) (1) (this hospital) last sow the deceased from the causes state E C. (Ts) (ATION, 1248, DATE 12-1-69	Stating the NTRIBUTING E TERMINAL 1 (A). NOTION FOR WHITE ORMED 218, PLA home, feetc.) (Hous) 21E, INJ While A Work attended the d I alive on	CH OPERATION ACE OF INJURY (e.g., in orm, factory, street, old orm, factory, street, old orm, factory, street, old orm, factory, street, old orm, factory, street, old work or or or or or or or or or or or or or	20A. AUTOPSY? (Yes or No No No nor obout 21C. WHERE DID finder bidg., INJURY OCCUR? 21f. HOW DID INJ e 21f. HOW DID INJ e 1969 ond the death. 1969 ond the death. 23D. ADDRESS 1514 Divisio	IN CERTIFYING CA	ember 26, 19 69 ember

e 6. 8 e e •

		2 000	BALTIMORE CITY	HEALTH DEPARTMENT		20 44 4
	BIRT	+-000 69 118	31 CERTIFICA	TE OF DEATH	REG. NO	9 11831
		AME OF DECEASED of Print) JOSIE GEE		2. DATE AND	HOUR OF GEATH	69 3:55 AM M.
1	3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where		titution; residence before admission)
	HO:	L NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	BALTIMO	RE CITY 1503
		TITUTION	DITAL	BALTIMORE		YES NO
	1	HE JOHNS HOPKINS HOS	PITAL	E. STREET AND NUMBER		
		3 3		2321 W. NOF	RTH AVENUE	21216
	5. \$1		IED NEVER MARRIAD		. AGE (In years ost birthday)	Months Doys Hours Min.
,	1	EMALE NEGRO WIDOW		1-9-49	20	
		USUAL OCCUPATION (Give kind of work 108, KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?
		BaHo	. Maternity Center	md.		W.S.N.
	13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAM	N.E.	
		LEWIS GEE		CAROLYN THO	ORNTON	
	15, V (Yes,	Vas Deceased Ever in U. S. Armed Forces? ,no or unknown) (If yes, give wor or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		NO	213-59-6394	John Gee -d	prother -	Same
		18. 4 4 6,0	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		11 -2000	hval lamon	had 1 lance
		(This does not meon the mode of dying,		A CONSEQUENCE OF:	bral hemon	may 6 hours
		heart failure, asthenio, etc. It meons the diserinjury or complication which caused deoth.)	ose,	A CONSEQUENCE OF		
-		ANTECEDENT CAUSES	Thren	bdic thrembocyte	nouse DIVA	ura 2 weeks
		DISEASES OR CONDITIONS, if ony, give	ing DUE TO, OR AS	A CONSEQUENCE OF:	penie puip	0,010000113
3		rise to the obove couse (A) stoting UNDERLYING CONDITION last.	(C)			
		II	(0)			
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTION				
	ATI	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F. WAS PERFORMED	OR WHICH OPERATION	YES	IN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?
	CER	21 A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,		(If in Boltimore	City, give exact location)
	AL.	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	,	
3	DIC.	21D.TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
	1 3 1	OF INJURY (APPROX.)	White At Not While			
2		22. I certify the (1) (this haspital) attende	Work At Work		9 69 to 1	Tou 2% 1969
5		tho (1) (we) last sow the deceased alive	on Nov 27			ion deoth occurred on the date
2		and how and from the couses stated above			н нүү хоогу орин	non death occurred on the date
2		23A. STNATURE	City well (and) (and man)	new the body offer deom.		23B. DATE SIGNED
		Momask XIII aas	Phys		Staff Phys.	Nov-27, 1969
3	1	23C. PHYSICIAN'S	OEGREE ""	23D. ADDRESS	. nys. —	11-0
2		THOMAS R. G	RIGGS	THE JOHN	NS HOPKINS	HOSPITAL
2	24A	BURIAL CREMATION, 248. DATE 240	C. NAME of CEMETERY OF CR			y, town, or county) (State)
5	+	REMOVAL (Specify)	Cover Mer	n. PK.	ausol	md.
	25A	DATE REC'D BY HEALTH DEPT. 258. NAM	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	U.R. Bail	ADDRESS
		DEC 1 1969 Robert E. St.	rober grant)	Helson F. H	. (348 C	Ikoun St.
-	VS	150-REV. 1/1/68				

Bethe When in Code : me and the Comment of the comment

deceased D.0.

the body

shows: Was

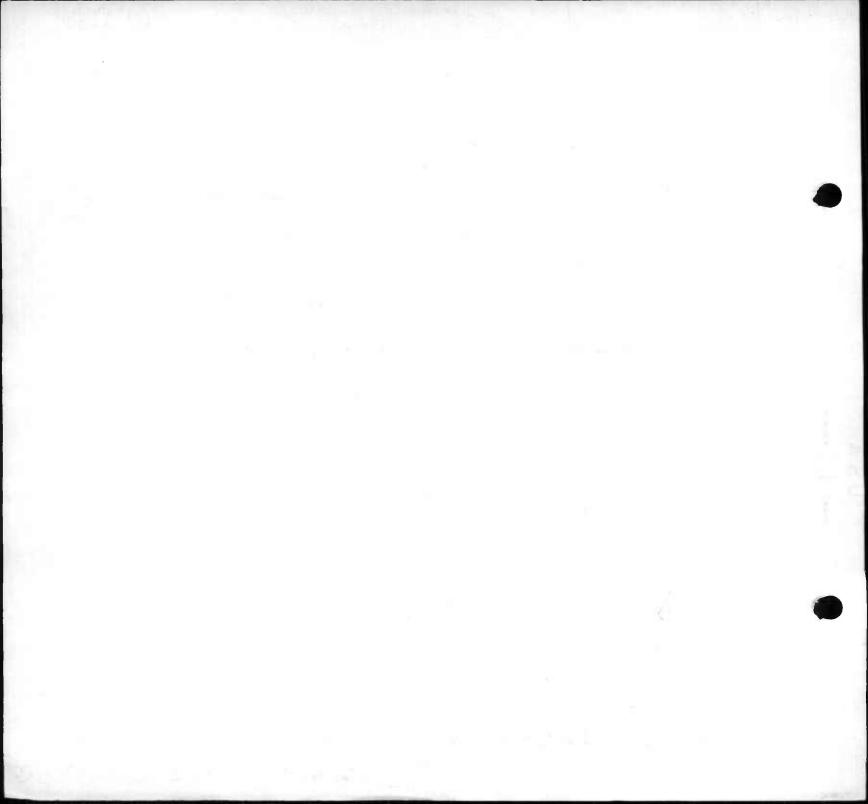
of death

cause

hospital

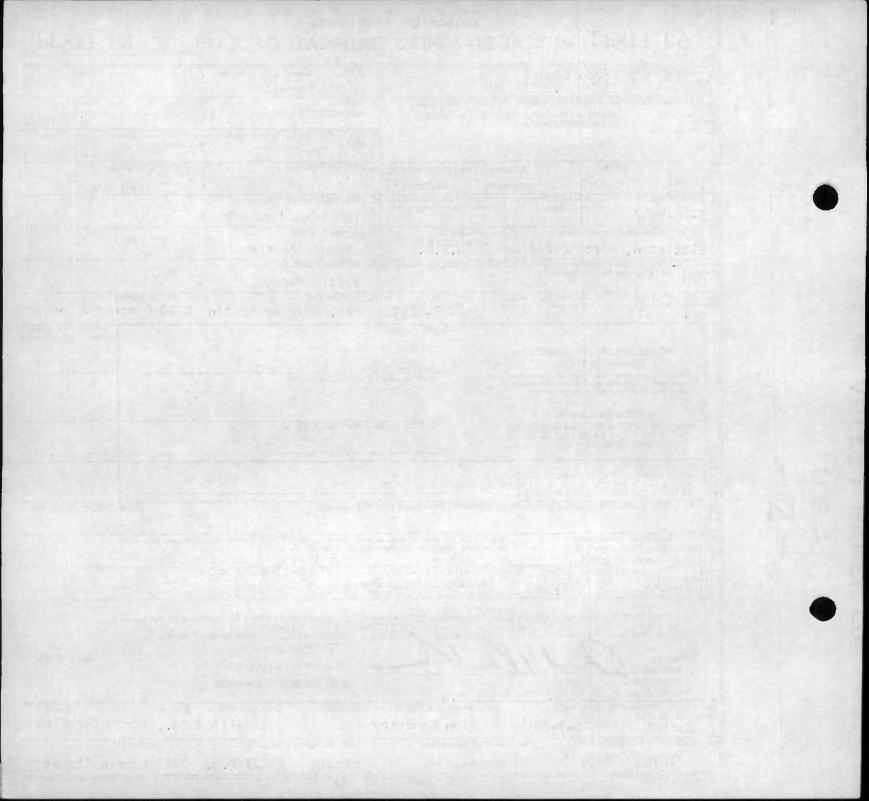
BALTIMORE CITY HEALTH DEPARTMENT 69 11832 69 11832 Registered Na. CERTIFICATE OF DEATH BIRTH NO. Such M.E. CASE NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH LO (Type or Print) BONKS HATTIE 69 AM. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND 000 MARKAND an FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL attend PRARYLAND prior made. regular 9. AGE (In years 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. 5. SEX 6. RACE eceased Hours WIDOWED, DIVORCED (specify) FERRIVE 22-1896 CUIDOWED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) = WASHINGTON. NONE AJUNE USA a s 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME the Carrown ISE RTHA eath 0 ADDRESS 17. INFORMANT 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) final SECURITY NO. MRS. MERIDETH WALLACE attendance 213-14-5979 CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY RENAL FAILURE 20 to Fluid loss LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. 11 means the disease, regular injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION Inst. Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED None 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where ° MEDICAL DEATH (notify medical examiner) obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY Not While (except While At (APPROX.) At Work and any 22. I certify that (1) (this haspital) attended the deceased fram. NOU 28 that (1) (we plast saw the deceased alive an... death) hospital and haur and fram the causes stated abave. (1))(We) (did) (did nat) view the bady after death. must accident 23A, SIGNATURE 23 B. DATE SIGNED Attending Med. M.D. 9 Phys. written approval 0 23 C. PHYSICIAN'S 23 D. ADDRESS prior ġ NAME (Type)

and that in (my) (aur) apinian death accurred an the date SILBER TANLEY MARYLAND M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) NAME OF REGISTRAR D 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR 1969 VS 150-REV. 1/1/65



			TIMORE CITY H									
69 :	11833	MEDICAL EXA	MINER'S	CE	RTIFI	CATE	OF	DEATH	REG. NO	69	1183	3
NAME OF DE	ECEASED (Joe	Louis)		2.	DATE	Known		Month	Day	Yeor	Hour	

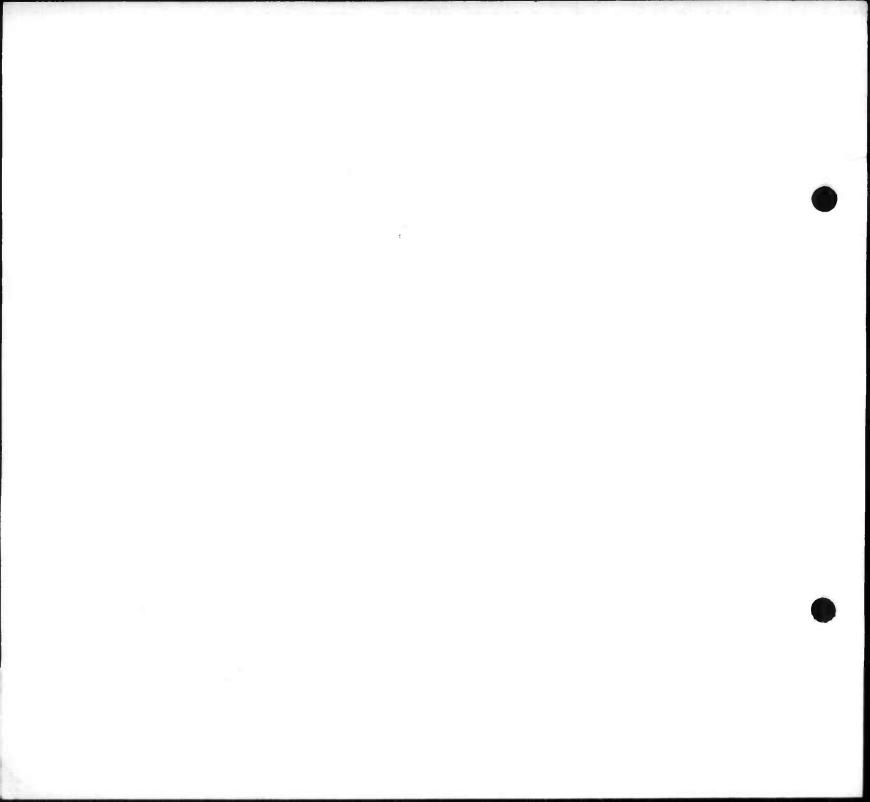
BIRTH NC.	REG. NO. OU IIIO
t. NAME OF DECEASED (Joe Louis)	2. DATE Known Month Day Yeor Hour
LEON T. KEARNEY	DEATH Estimated
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD November 30,1969 1:47 A.
OKINSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
601 Franklintown Road	A. STATE Maryland B. COUNTY 1606
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES 🖾 NO 🗌
9. DATE OF BIRTH 10.AGE (In years H Under 1 Yr. II Under 24 Hrs	E. STREET AND NUMBER
3-20-1947 lost birthdox) Months Doys Haurs Min.	2743 Edmondson Avenue
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Littleton, North Carolina WHALCOUNTRY?	Samuel Kearney
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME
done dyring most of working lile, even il retired)	Pattie Hardy
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (If yes, give war or doles al service) NO. 17. SOCIAL SECURITY NO. 240-80-8255	Mrs. Shirley Austin 2723 Edmondson Avenue
19. CAUSE OF DEA	ATH APPROXIMATE INTERVAL
Chota	in wound of chest
1FADING TO DEATH	
(This does not mean the made of dying, e.g., (A)IMMEDIATE	AS A CONSEQUENCE OF:
heart lailure, asthenio, etc. It means the disease, injury ar camplication which caused death.)	
ANDRESSEE	
DISEASES OR CONDITIONS, IF ANY GIVING DUE TO, OR	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	TO NOTICE OIL
Z ONDERTING CONDITION EAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AC DEDGODAGO
O 9	AS PERFORMED 21. AUTOPSY? (Yes or No)
Z2A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY(e.g.	yes yes
UNDERLYING OR CONTRIB. hame, form, factory, street, affile	in ar obaut 22C. WHERE DID (if in Boltimare City, give exact lacation) te bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. Alley 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	601 Franklintown Road
OF INTIRY	22F. HOW DID INJURY OCCUR?
(APPROX.) 11-30-69 1:30 A. m. WHILE AT NO.	WHILE Shot during altercation
	tapsy X and that an this basis, death in my apinion
resulted from: Natural causes Accident Sulci	
ACTUAL 6 1 1 1 1 1	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MAN MAN MAN	
EXAMINER'S NAME (Type) Dono 1 d N Worseh 1 M D	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Ronald N. Kornblum, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, tawn, ar county) (State)
REMOVAL (Specify)	(Signal County)
	25C. FUNERAL DIRECTOR ADDRESS
DEC 1 1969 Be & E. Faber, M.D.	MORTON & DYELT F.H. 1701 LaurensStreet
VS 151-REV. 1/1/68	00:



FUNERAL DIRECTOR: IMPORTANT

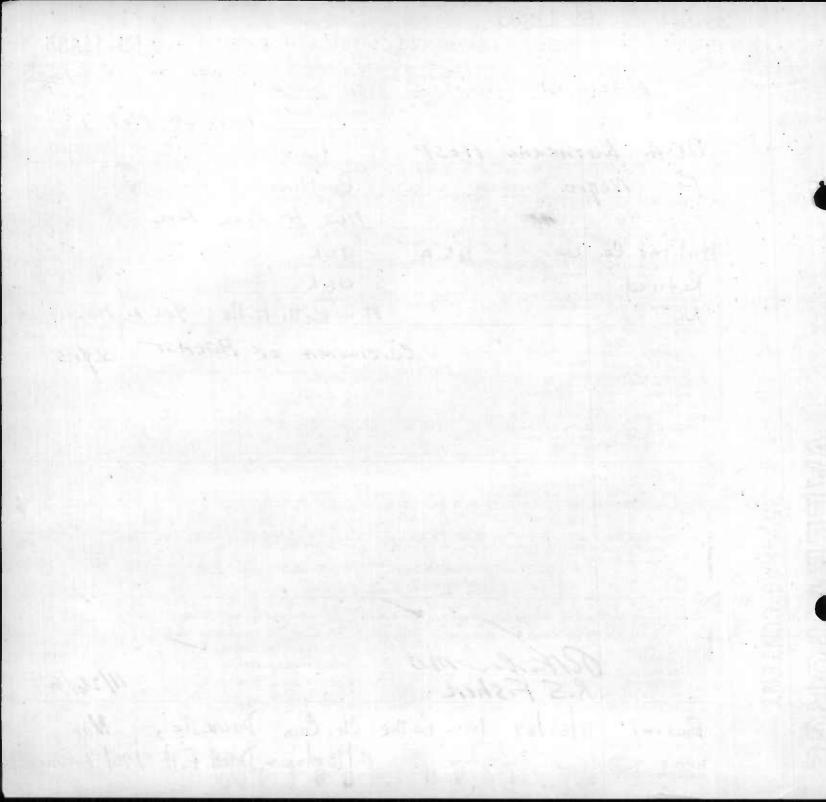
This certificate must be approved by the chief medical examiner or his ossistant if death occurred in o hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing couse of deoth shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced deoth was in regular ottendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	-600) 60	4400		HEALTH DEPARTMENT	REG. NO	69 11834
BIR	TH NO.	กฮ	7782	4 CERTIFICA	TE OF DEATH	kco. 110	11001
	AME OF DECE					D HOUR OF DEATH	15
				· Corry	11/2	18/8-	litution: residence before admission)
		MORE MARYLAND, W			A. STATE & COUN	e deceased lived. If ins TY	litution: residence before admission)
II HO	LL NAME OF	ADDRESS OR LOCA	AL OR INSTITE (TION)	JTION, GIVE STREET	C. CITY OR TOWN		1501
II.	STITUTION"	Ersity H	'		Baltimore		DE CITY LIMITS?
					E. STREET AND NUMBER		YES NO
9	. 0	imore, 1		<u> </u>	1363 Gilm		21217
) b	SEX	6. RACE		NEVER MARRIED	1	9. AGE (in years lost birthday)	Manths Days Hours Min.
	M	N	WIDOWED		5/45/04	4	
10A	USUAL OCCU	PATION (Give kind of work orking life, even if refired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or farei	gn country)	12. CITIZEN OF WHAT COUNTRY
Gon	Ret		VV	Kn.	Virgin	1	USA
13.	FATHER'S NAM				14. MOTHER'S MAIDEN NAM		USA
						A C	
		UNK			UNK		
15. (Ye:	Was Deceased s,na or unknown)	Ever in U. S. Armed Fare (II yes, give wor ar date	ces? s at service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	- NXINC	Station Section 25 Name		13403 8113	Hospital	Chart	
\parallel	18.	9 9		CAUSE OF DEAT	H		APPROXIMATE INTERVAL
	DISEASI	OR CONDITION DIR	ECTI Y	(0 - c)	no bajmonar	v Englyr	BETWEEN ONSET AND DEATH
11		EADING TO DEATH				1 1 1 11.00	5 hrs
	(This does no	t meon the mode of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:		***************************************
1	injury or came	sthenio, etc. It means dication which caused	the disease,				
		NTECEDENT CAUSES		17:44	ose Metast	atic Ca	> 1 mo.
				(B)	A CONSEQUENCE OF:	~~~~~	
	rise to the	R CONDITIONS, il above cause (A)	sloting the	DUE 10, OR AS	A CONSEQUENCE OF:		1
	UNDERLYING	CONDITION lost.		(c) wob	astic Ca. of	Orethr	a > Imo.
		II.					
NO.	OTHER SIGNIFIC	CANT CONDITIONS CO	NTRIBUTING				1
ATI	DISEASE OR CO	BUT NOT RELATED TO THE NOTION GIVEN IN PART	IE TERMINAL	****************	***********************		
CERTIFICATION	19A. DATE OF	OPERATION 198 CON	DITION FOR V	HICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED
R	11/18	169	0	lagnostic B	x No	IN CERIFING CAU	SES OF DEATH!
I E	21A. ACCIDEN	WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., i	fice bidg., INJURY OCCUR?	(If In Baltimare	City, give exact location)
CAL	DEATH (notify	nedical examined	etcJ	of total locality, sheet, or	see pidg., INJOK! OCCOR!		
	21 D. TIME	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
¥	OF INJURY (APPROX.)			e At Not While		, , , , , , , , , , , , , , , , , , ,	
			Worl	A THUIK			
II 1		hot (I) (this hospital)		e deceased from		9 <u>6 9</u> ta	11/58 10 90
	thos (I) (we) I	ast saw the decease	d alive on	11/58	19 69 ond the	t in (my) (our) opin	ion deoth occurred on the date
	and haur and		ed obov	(We) (did) (did not) v	lew the body ofter deoth.		
	0	100 C-	000	AHA COM	nding Med. :		23B, DATE SIGNED
	10,	m 111.2	yes	DEGREE Phys	b Director L 1	Staff Phys.	11/58/10
	23C. PHYSICIAN NAME (Ty	rs pa)	`	0	Onwersity	Hospito	2 21201
24A	BURIAL CREM	ATION, 248 DATE	24C.NA	ME of CEMETERY OF CRE	MATORY 24D. AO		, town, or county) (State)
	REMOVAL (Sp	1 1 - 1 /	4 HJ	Ω	1 1 Ka	1.	Mary
25A	DATE REC'D	12 (1 (6	250 NAME A	- MUBURN	emetery De	1timore,	MAYGLAND
F	101 1	969 Jake E	258 NAME O	ALD KAK	25C. FUNERAL DIRECTOR	ant	ADDRESS
	150-REV. 1/1/6			4-40 0 0	HILIPITED P L	Jell	

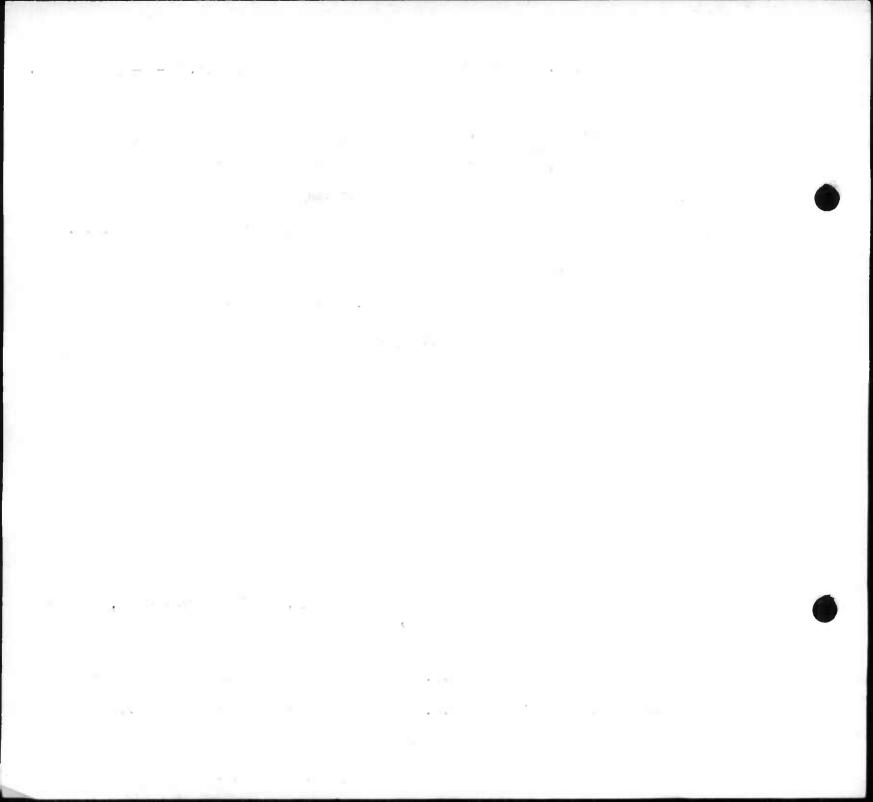


69 11835	BALTIMORE CITY HEALTH DEPARTMENT		
	XAMINER'S CERTIFICATE OF DEATH REG. NO.	39	11835

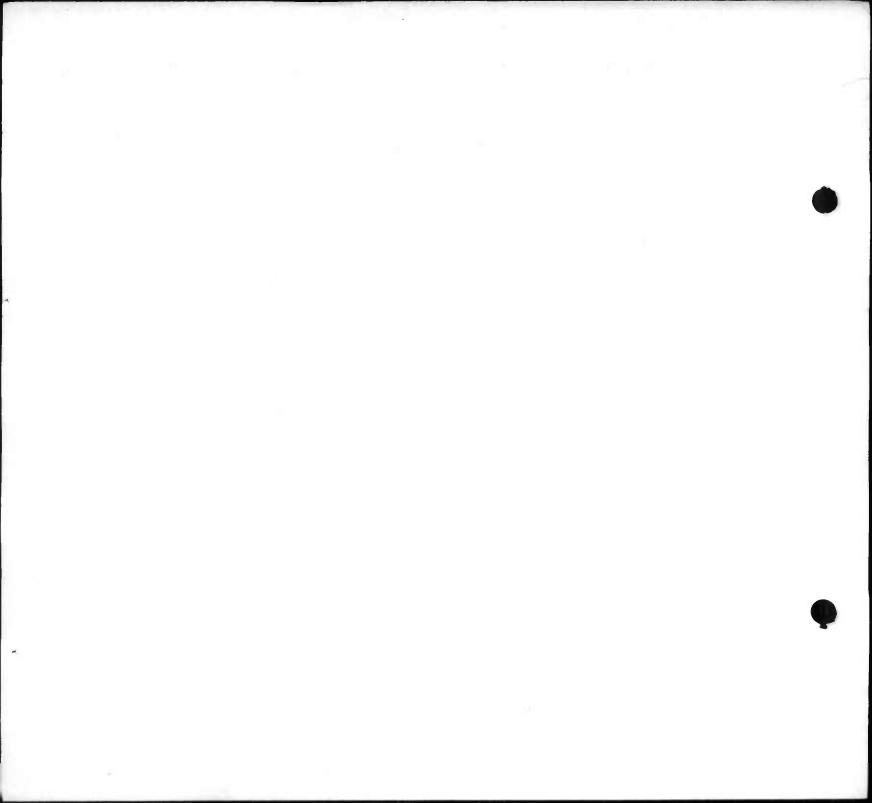
1	69 11835 BALTIMORE CITY HEALTH DEPARTMENT	
L-125	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 6	9 11835
		Yeor O THour 720 P.M.
46	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	Yeor Hour 20 M.
99	D.O.A. LUTHERAN HOSP S. USUAL RESIDENCE (Where deceased lived. If institution: residence of the state of the	lence before odmission) 1604
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIM Negro WIDOWED DIVORCED SA HINGE YES	
	9. Date of Birth 10. AGE (In years Is Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months, Doys, Hours, Min. 1103 He KOAN AVE	
-	HALLACE (Stole or loreign country) HALLACE (Stole or loreign country) HALLACE (Stole or loreign country) WHAT COUNTRY? U.S. A U.K.	
	14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S MAIDEN NAME done of fing most of working life, even if retired)	
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, poor unknown) (If yes, give wor or doles of service) 17. SOCIAL SECURITY NO. 18. INFORMANT H. C. Rutt, Mills 908 N	, Mount St
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH CAVCINOMA OF BREAST (A)IMMEDIATE CAUSE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 ///S
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21.	
		AUTOPSY? (Yes or No)
	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. home, form, factory, street, office bldg., etc.) UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact local l	otion)
	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) m. WHILE AT NOT WHILE AT WORK OF INJURY OCCURRED 22F. HOW DID INJURY OCCUR?	
	I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opin resulted from: Natural couses Accident Suicide Homicide Undetermined manner	ion
	ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE EXAMINER'S NAME (Type) R-S. FISHER ASSOCIATE MEDICAL EXAMINER	11/26/69
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D LOCATION (City, town, or crematory) 11 30 69 New Bethe Uz. Com Danville	county) (State)
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 26C. FUNERAL DIRECTOR ADDRE	10/ Laureus
	VS 151-REV. 1/1/6B	-



1	7-50	ò 69	1183	6	BALTIMORE CITY CERTIFICA			REG. NO	D	69	11836	6
	RTH NO.	FASED			CERTIFICA	TL OI						
(Ty	pe or Print)	Ruby E.			(Moore)			10:55a.m.	11-			5 a.,
3,	PLACE IN BAL	TIMORE, MARYLAND, V	VHERE PRON	OUNCE	D DEAD	4. USUAL A. STATE	RESIDENCE (Wh	ere deceased lived	. If insti	lution: resid	dence before o	dmissian)
H	JLL NAME OF OSPITAL OR ISTITUTION	ADDRESS OR LOC	AL OR INS	NOTTUTTON	I, GIVE STREET	Maryl	and			/	402	
F	00	Provident	Hospi	tal,	Inc			D.		CITY LIMI		
	54	1514 Divis				Balti E. STREET	MOTE AND NUMBER			YES 🔀	ио 🗌	
	,	Baltimore,			21217	623 F	itcher S	Street				
5.	SEX	6. RACE			EVER MARRIED	8. DATE OF		9. AGE (In veors		II Under 1	Yr. If Hade	r 24 Hrs.
	emale	Negro	WIDOWE	D	DIVORCED		-1907	last birthdoy)		Months D	oys Hours	Min.
dor	A. USUAL OCCU	PATION (Give kind of war vorking life, even if retired)	10B KIND	OF BUSI	NESS OR INDUSTRY			eign country)			N OF WHAT C	OUNTRY
1	Unemploy	red				Virgi	nia , Ja	avis		Ţ	U.S.A.	
13.	FATHER'S NAA	A E				14. MOTHE	R'S MAIDEN NA	ME				
	М	atthew Moore					Molly W	illiams				
15.	Wos Deceosed	Ever in U. S. Armed For Uf yes, give wor ar dote	ces?	16.5	OCIAL	17. INFORM				A	DDRESS	
	No.	ui yes, give wor ur gote	s of service	s s	ECURITY NO.	Mr. Me	lvin The	omas- hus	band	i i	SAME	
<u> </u>	18. 11	5 6E			CAUSE OF DEATH	1					APPROXIMATE IN	ITEDV AT
	DISEAS	OR CONDITION DI	RECTLY		Acox		Conso	2. 1	40.	BET	WEEN ONSET AN	ND DEATH
		LEADING TO DEATH			(A) IMMEDIATE CAU	<i>5</i> 0	Congo,	The 10	an	7	6 m6	
	(This does no	of mean the mode of asthenio, etc. It means	dying, e.	9.,	DUE TO, OR AS	CONSEQUE	NCE OF!	Frilar			2	
	injury ar com	olication which coused	death.)				/	Fillar				
	ANTECEDENT CAUSES											
	DISEASES O	R CONDITIONS, if	any, givin	ıg	(8) DUE TO, OR AS	A CONSEQU	ENCE OF:					*******
	rise to the UNDERLYING	above cause (A)	sloling Ih	le	(c)							
		11			(C)						***************************************	
ATION	TO THE DEATH	CANT CONDITIONS CO.	HE TERMINA	3 L								
	DISEASE OR CO	ONDITION GIVEN IN PAR	T I (A).		OPERATION	120A ALL	OBCYA IV.	all 202 to year to				
CERTIFIC	0	WAS PERI	FORMED	· ·	- CILIZITON	No	Orsil (ias of it	O) 20B, IF YES, W	CAUSE	ES OF DEA	NSIDERED	
	OR CONTRIBUT	T WAS UNDERLYINO [ING] CAUSE OF medicol examiner	jh-	me, form	E OF INJURY (e.g., in n, factory, streat, aff	or about 210	WHERE DID	(II In Bol	ilmore C	ity, give a	xocl location)	
EDICAL		(Manth) (Doyl (Yearl			RY OCCURRED							
ME	OF INJURY (APPROX.)	tround thoys treat		/hile At i			HOW DID IN.	IURY OCCUR?				
			W	/ark	At Work							
		hat (1) (this hospital				lovenbe)			el, %0		
		ost saw the decease				19.69		nat in (my) (our)	apinio	n death c	occurred on t	he date
	and hour and	from the causes stat	ed obave.	(I) (We)	(did) (did not) vi	ew the bod	y ofter death.					
	23A. SIGNATUR		1		4.0.	4. —	14.1		23	B. DATE S	IGNED	
	. //4	full the	endl	5	M. D. Phys.		Med. Director	Phys. St		11-2	28-69	
	23C. PHYSICIAN NAME MY	pe)	0.		2	3D. ADDRESS						
24.6	SURIAL CREA	LIJAH	SAUN	DERS	M.D. DEGREE			n Street			Maryla	nd
277	REMOVAL (Sp	ecify)			CEMETERY OF CREA		l	OCATION	•	lawn, or co		(State)
2EA	Burial	12-1-6			us Mem. Pa			Baltimore	Ma	ryland	1	
ZJA		969 DEPT.	NAME NAME	OF REG	STRAR		NE DYET	atria.	701		address ns Stree	e t
NS.	150-8EV. 1/1/6		1 /	* 'LJ	1 1	111001	I S ELL	1 111	, 01	Laurei	5 0 0 0 0	



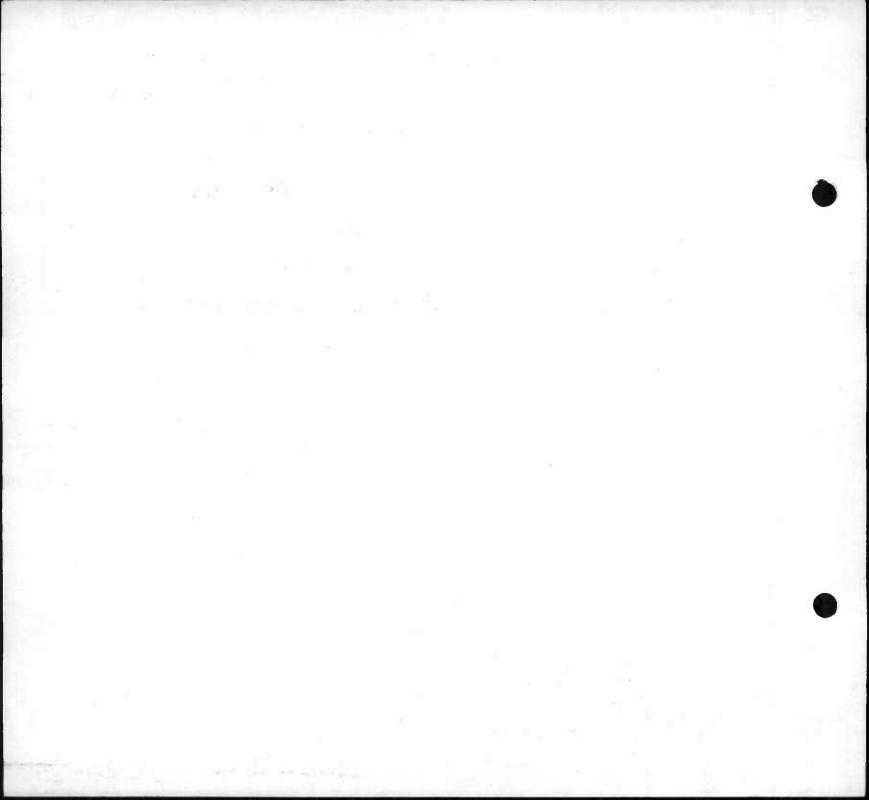
11//-2//0 53 1183/	HEALTH DEPARTMENT 69 11837 TE OF DEATH REG. NO.
BIRTH NO.	TE OF DEATH
Type or Print CHARLESA. MOSS, SR.	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, 11 institution residence before admission)
	I a coulti
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C.CITY OR TOWN D. INSIDE CITY LIMITS?
1	BALTIMORE YES NOT
SINAL HOSPITAL OF BALTIMORE	E. STREET AND NUMBER
42 INC.	5808 HERVILLE AVE.
THE EN MARKIED	8. DATE OF BIRTH 9. AGE (In years 1(Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
MANUE N WIDOWED DIVORCED	5-25-06 65
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
CHAUPFEUR RETIRED	VIRGINIA U, S.A.
	14. MOTHER'S MAIDEN NAME
HENRY MOSS	MARTITA!
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (II yes, give wor or doles of service) SECURITY NO.	SHIPLEY HALL
18. S CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (This does not mean the made of dying, e.g., (A) IMMEDIATE CAU	SE TERMINAL CARENONA ONE
heart failure, asthenia, etc. It means the disease,	CONSEQUENCE OF:
injury or camplication which caused death.)	THE RECTURE
ANTECEDENT CAUSES	DETTY DRATION. A CONSEQUENCE OF:
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last, (C)	EMOID UP OF PENIS
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OF DISEASE OR CONDITION GIVEN IN PART 1 (A)	_
DISEASE OR CONDITION GIVEN IN PART I (A).	***************************************
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
O 21A- ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID (If in Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, off	ice bldg., INJURY OCCUR?
Q 21D. TIME (Month) (Doyl (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not While At Work	
22. I certify that (1) (this haspital) attended the deceased from	OV. 25, 19 69 10 NOV, 29, 1969
that (I) (we) last sow the deceased alive on HOV 79	19 6 9 and that In(my) (our) opinion death occurred on the date
and haur ond from the causes stated above. (1) (We) (dld) (did nat) vi	
23A, SIGNATURE	23B, DATE SIGNED
Kenate H. Dentes, MR Atten	ding Med. Staff Director Phys. 11-29-69
23C.PHYSICIAN'S	3D. ADDRESS
PENATO H. GE COLEA, M.P.	SINA HOSPIATOR OF BALTIMORE, WG
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 12-4-69 Mt. Calvary Cen	metery Baltimore, Maryland
25A DATE RECIDAN HEALTH DERT. 258 NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
EOT 1202 200000 - 4000 A 0	Charles R. Haw 802 Madison Ave.
VS 150-REV. 1/1/68	



FUNERAL DIRECTOR: IMPORTANT

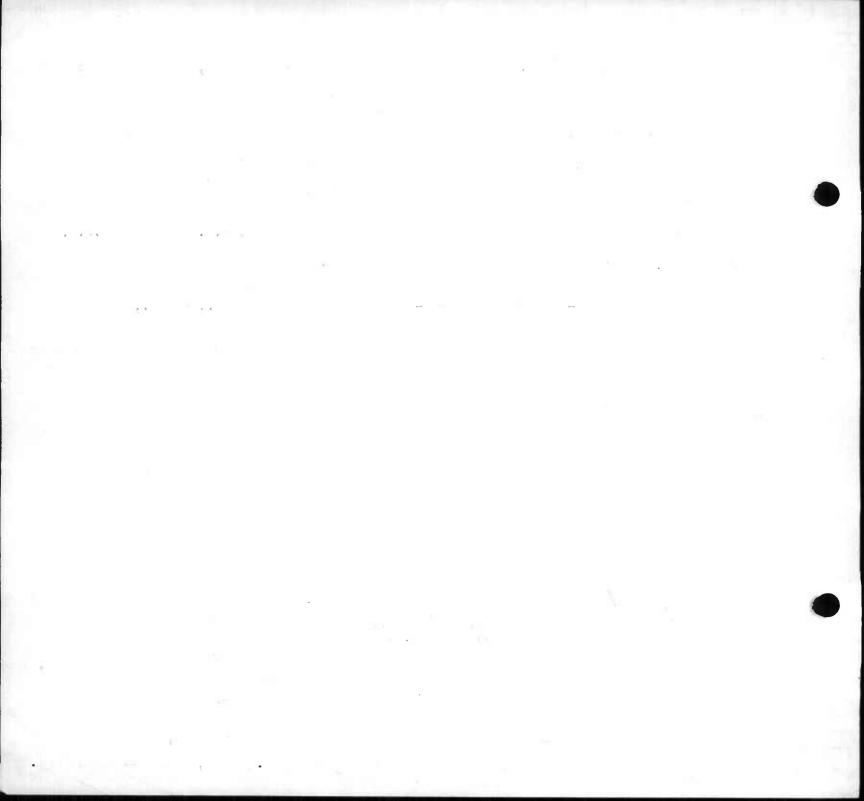
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE CITY HEALTH DEPARTMENT
S-536 69 11838 CERTIFICATE OF DEATH REG. NO. 69 11838
BIRTH NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH JAA
(Type or Print) GAUNDERS, MARTHA 11-25-69 11-2M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION D. INSIDE CITY LIMITS?
GIALON HOSPITAL OF BALTIMOZE BALTIMOZE YES WOO
42 LIGIS PARK HOTS QUE. 27/6
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
WIDOWED DIVORCED 63
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) HOUSE KEEPING U. S. A.
13. FATHER'S NAME
JAMES PAYNE IDA HDAMS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.
NO. 212-30-6899 AGNES WATTS-3614 SPRANEDOLE AUS.
18. 250 1 CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANIMAFDIATE CAUSE (& BEBTO - VICECULE ACCIDENT: 48 h
(This daes not mean the made of dying, e.g., DUFTO OR AS A CONSEQUENCE OF
heart failure, asthenia, etc. 11 means the disease, injury ar camplication which caused death.)
ANTECEDENT CAUSES (B) (B)
DISEASES OR CONDITIONS if any giving DUE TO, OR AS A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION fast. (C) DLATSETES MESLLITUS - URSan - 20, - 3,
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL V DISEASE OR CONDITION GIVEN IN PART 1 (A).
V DISEASE OR CONDITION GIVEN IN PART 1 (A). D 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) Contribution Contri
Q 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
≥ (APPROX.) While At Not While Not Work Not Work
22. I certify that (I) (this haspital) attended the deceased fram
that (I) (we) last saw the deceased alive an
and have and from the causer stated above. (1) (We) (did) (did not) view the body after death.
23 A. SIGNATURE
Attending Med. Staff D 11-25-69 Phys. Director Phys. D
NAME (Type) - FEQUIVEL M.D. 23D. ADDRESS CHEGI HERALL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL Specify) 1/-24-16 1
BURIDE 1 29 69 HRBUTUS MEMORINE RARK BAHIMORE, MA. 25A. DATE REC'D BY HEALTH DEPT. 25G NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
EC 1 1969 Justes E. Justes, M. 9 0 0 0 CHARLES TELAW - 862 MADISIN ALV
VS 150-REV. 1/1/6B



(Type o	NO. AE OF DECEASED				TE OF DEATH	ND HOUR OF DEATH			
		LEROY AD	AMS			MBER 24, 196	59 1		
3. PLA	CE IN BALTIMOR	E MARYLAND, W	HERE PRONO	JNCED DEAD	4. USUAL RESIDENCE (Wh.	ere deceosed lived. Il in	stitution: residence belore admissi		
FULL I	NAME OF (I	F NOT IN HOSPIT	AL OR INSTITU	JTION. GIVE STREET	MARYLAND		400.		
	TAL OR A	DDRESS OR LOCA	ATION)	JTION, GIVE STREET	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?		
0	() CE	NTURY NUR	SING HOM	Œ	BALTIMORE		YES NO		
70					E. STREET AND NUMBER				
5. SEX	6. RA	E	7. ALADDIED I	NEVER MARRIED	B. DATE OF BIRTH	ST.	If Under 1 Yr If Under 24 H		
MA		ORED	WIDOWED	DIVORCED	AUG. 1, 1898	lost birthdoy) 71	If Under 1 Yr. If Under 24 H Months Doys Hours Min.		
IOA, US	SUAL OCCUPATION	N (Give kind of work	10B KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lore	eign country)	12. CITIZEN OF WHAT COUN		
	UMBER	me, even il reinec;			SOUTH CAROLIN	IA	U.S.A.		
	THER'S NAME		h		14. MOTHER'S MAIDEN NA	ME			
UN	KNOWN				UNKONW				
5. Wos Yes, na	Deceased Ever in or unknown)](II yes	U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
NO	,,,,				WILLIAM J. ADA	MS - 3128 NO	RMOUNT AVE.		
1B.	410	1		CAUSE OF DEAT	н		APPROXIMATE INTERVA		
		CONDITION DI	RECTLY			Annean	BETWEEN ONSET AND DEA		
		NG TO DEATH		(A)IMMEDIATE CAL					
l l h	his does nat me eart failure, asthen	on the mode of	dying, e.g., the disease.		A CONSEQUENCE OF:	A			
inj	ury at complication	n which caused	death.)		ACC	11 60	2		
	ANTEC	EDENT CAUSES		(-1	·	, , , , , ,	,		
DI:	SEASES OR CO	NDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	// /			
	e Ia Ihe aba NDERLYING CON		stating the	(C.V.A)	- Right	Numpleg	(u '7		
-		11		(C)			***************************************		
Z OTI	HER SIGNIFICANT	CONDITIONS COL	NTRIBUTING		*				
A DIS	THE DEATH BUT			****************			***************************************		
			DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes, or N.	O) 208, IF YES, WERE P	INDINGS CONSIDERED		
	<u> </u>				No	IN CERIFING CAL	DSES OF DEATH!		
OP	CONTRIBUTING	CAUSE OF	21B, ham	PLACE OF INJURY (e.g., i e, larm, lactory, street, o	fice bldg., INJURY OCCUR?	(lf In Boltimare	City, give exoct location)		
O DE	ATH (natily medica	l examiner	elc.)						
OF OF	INJURY (Mant)	(Doy) (Year)		INJURY OCCURRED	21F. HOW DID IN	URY OCCUR?			
< (AP	PPROX.)		Whil	e At Not While	• 🗆		1		
22.	1 certify that () (this hospital)	attended th	e deceased fram	11/22	1967 ta 1	1/23 1069		
1 .				111	1969 and th	7	7		
	that (1) (we) last saw the deceased alive an								
and	SIGNATURE	Cooses stat	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	(me) (ara) (ara nat) V	iew the pady after death.		23B, DATE SIGNED		
	(1)	1 X	21	Atte Phon	nding Med.	Staff	11/5 F		
		VIA 7-1 ~ / 7	Jema	DEGREE Phys	Director L	Phys.	11/21/09		
23A	PHYSICIAN'S	/-			ADDRESS .		_ / /		
23A	PHYSICIAN'S NAME (Type)	losePH S	. BLU	MMA	1115 N.(A	LUERT	57.		
23A 23C	URIAL CREMATION	OSEPH S	3 - BL C	ME OI CEMETERY OF CRE	// \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	CATION ICH	y, town, or county) (Stote)		
23A 23C 24A. BU RE	NAME (Type)	10SEPH S N. 248. DATE 11-26-69	1	ME OF CEMETERY OF CRE			The second secon		
23A 23C 24A. BU RE BUR	URIAL CREMATION (Specify)	11-26-69	1	. CALVARY CEN		BALTIMORE, N			

1	CO 440	BALTIMORE CITY	HEALTH DEPARTMENT		00 44-40
9	69 118	CERTIFICA	TE OF DEATH	REG. NO.	69 11940
BIRTH NO. 1, NAME OF DECEASED		- CERTITION		D HOUR OF DEATH	
(Type or Print)				_	
	GEORGE M.		Novemb	er 28, 1969	9:30 A M
3. PLACE IN BALTIMORE, A	AARYLAND, WHERE PR	ONOUNCED DEAD	A. STATE B. COUNT	e deceased lived. If institution	on; residence before odmission)
FULL NAME OF (IF NO HOSPITAL OR ADD INSTITUTION	OT IN HOSPITAL OR IN RESS OR LOCATION)	STITUTION, GIVE STREET	Maryland c. city or town	D. INSIDE CI	TY LIMITS?
Veteran	s Administra	tion Hospital	Baltimore	YES	NO 🗌
	ch Raven Bou		E. STREET AND NUMBER		
Baltimo	re, Maryland	21218	3741 Crestf	ield Cout	
SEX 6. RACE	7. MARI	RIED X NEVER MARRIED	B. DATE OF BIRTH 9	, AGE (In years If L	Under 1 Yr. If Under 24 Hrs.
Male Ne	ero WIDO	WED DIVORCED	4/8/96	73	
		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country) 12.	CITIZEN OF WHAT COUNTRY
done during most af working life,					
Chauffeur		Retired	Orangeburs	, S.C.	U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	\E	
Robert John	son		Emma ?		
S. Wos Deceosed Ever in U. Yes, na ar unknown) (If yes, gi	S. Armed Forces? ve wor or dotes af serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT VA Hospi	tal	ADDRESS
Yes 10/5/	17 - 2/28/19	176-20-4101	3900 Loch Raven		Md 21218
18.	1	CAUSE OF DEAT	H	Daves Dan oo	APPROXIMATE INTERVAL
DISEASE OF CO	NDITION DIRECTLY				BETWEEN ONSET AND DEATH
	TO DEATH		JSE Bronchogenic	Carcinoma	2 months
(This does not mean	the made of dying,	e.g., DUE TO OR AS	A CONSEQUENCE OF:	Oar CITIOMA	Z MOH WIS
heart failure, asthenia,		ease,	A CONSEQUENCE OF		
injury ar camplication					
ANTECED	ENT CAUSES	(8)			
DISEASES OR CONE	DITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	0 0 0 V × × × × × × × × × × × × × × × ×	
rise to the above					
ONDEKLING CONDI	IION Idsi.	(C)			
7	II				
OTHER SIGNIFICANT CO		ING Chroni	c obstructive pu	lmonary diseas	se e
DISEASE OR CONDITION	GIVEN IN PART 1 (A).	100000000000000000000000000000000000000	1004		
19A. DATE OF OPERATION	WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes ar No)	20B. IF YES, WERE FINDING IN CERTIFYING CAUSES	OF DEATH?
	TTTT . BILL ORIVIED		NO		
U 21A. ACCIDENT WAS L	INDERLYING	21B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Boltimore City,	, give exoct location)
OR CONTRIBUTING C		home, farm, foctory, street, o	mice ologi, majoki occok!		
0		016 14111194 6 5 5 1115 1	015 115111 515	Inv. 0.001102	
W OF INTITION	(Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	JKT OCCUK!	
(A PPROX.)		While At Work Not While At Work	e 🔲		
22 1 20216. 1 1/1	shie heesia-I\ -aa	led the deceased framNO		0 60 to Mana	00 10 60
					per 28th 19 69
			8th 19 69 and the	it in (n/y) (aur) apinian	death accurred an the date
and have and from the	causes stated aba	ve. (1) (We) (did) (difd/nby) /	view the bady after death.		
23A. SIGNATURE				23 B.	DATE SIGNED
11 5.	Shit-		ending Med. Director	Staff X	November 28, 19
	1-4-	DE GREE Phy			
23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS 3900 L	och Raven Boul	evard
M. JAVAID	SHAFI	MD	Baltim	ore, Maryland	21218
24A. BURIAL CREMATION, REMOVAL (Specify)		C. NAME of CEMETERY OF CR			wn, or caunty) (Stote)
	12 3 60	Dollimono Mo	tional	1+imore Ma	ryl and
Burial	12-3-69	Baltimore Na	2SC. FUNERAL DIRECTOR	altimore, Ma	ADDRESS
SA. DATE REC'D BY HEAL	02.68 30.8	ev. M. Do	Charles R	T.aw . 802 M	adison Ave.
DECT 1303	1-10-00	7 7 4	Characs	Law , OUL	COTPOIL WACA
VS 150-REV. 1/1/68					



55-74-66	db
and eath	Such

This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deatl shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease was in regular attendance on th the deceased prior to death. FUNERAL DIRECTOR: IMPORTANT was D.O.A. at a hospital (except where the physician who pronounced death deceased prior to death); and (6) No physician was in regular attendance on written approval must be obtained before the remains are emploised.

1/2	4-32	>	60	4404	BALT	TIMORE CIT	Y HEALT	H DEPART	MENT	,		60	11	011	na-
BIR	TH NO.		. 4	1134	CE	RTIFICA	ATE C	OF DEA	ATH	RE	G. NO	10	2 2 2 2	341	
	AME OF DECI	EASED		. ,	/ /			2.	DATE A	ND HOUR	OF DEATH				
		LINUC		1 /7	odge	2				25-			1	6:3	2 PM
3. 1	PLACE IN BALT	IMORE, MAR	YLAND, WI	HERE PRONO	UN CED DEA	\D	4. U SU A. STA	AL RESIDEN	B. COU	ere deceosed	lived. If in	stilution;	iesidenc	e before	odmis sion)
FU	LL NAME OF	(IF NOT	N HOSPITA	L OR INSTIT	UTION, GIVE	STREET	М	arvlan		altimor			6	7.2	0.20
INS	TITUTION	BALTI	MORE C	ITY HO	SPITALS	5	C. CITY	OR TOWN	CL 9 DC	17 CTHOT		IDE CITY	LIMITS?		
	BALTIMORE CITY HOSPITALS 4940 Eastern Avenue											YES []	NO 🔀	
~	//			larylad	21224	1		ET AND N							
5. S	EX	6. RACE						Wesle	y Ave		21228	00)5		
			ľ	MARRIED	_			OF BIRYH		9. AGE (In	yeors	If Und Months	er 1 Yr. Doys	If Und Hours	er 24 Hrs. Min.
10A.	Male Usual occu	Negro	kind of work 1	WIDOWED OF		ORCED	2-1	3-95		74			!		
done	during most of w	rorking lite, ever	if retired)	OS. KIND OF	PO3114533 (DK INDUSIK	I I BIKI	HLTACE (2)	ote or lore	eign country)		12. CIT	TZEN OF	WHAT	COUNTRY
12.0	Retir						Vi	rginia				USA			
134 }	FATHER'S NAN	16					14. MO	THER'S MA	DEN NA	ME					
	Rufus	Hodge					Fa	nnie H	art						
15. V (Yes,	Nas Deceased , no of unknown)	Ever in U.S (If yes, give v	Armed Force vor or doles	es? of servicel	I 6. SOCIAL SECURI		17. INFC	RMANY		4940	Easte	rn Az	ADDR	ESS	
	Yes	WWI			235-07		BC	H-Reco	rde		more,				224
	18. 1 6 8	7. /1				E OF DEAT		11-11000	LUS	202	anor c,	andr y	APPRO	DXIMATE I	NTERVAL
		OR CONDI		CTLY									BETWEEN	ONSET	ND DEATH
		EADING TO			(A)IM	MEDIATE CA	USE C	ancie	namo	al	the t	lunes		Dni	on ths
1 1	(This does no heart failure, a	sfhenia, elc.	li means t	he diseose.	DI	UE TO, OR AS	A CONSE	QUENCE OF	:			1		.un.	
	injuly or camp			leoth.)											
		NTECEDENT			(B)	********									
	DISEASES OF	abave co	NS, il or use (A) s	ny, giving	DI	JE TO, OR AS	A CONS	EQUENCE O	F:						
	UNDERLYING	CONDITION	last.		(c)				***********	\					
_		- 11								-					
	OTHER SIGNIFIC TO THE DEATH	BUT NOT REL	ATED TO THE	TERMINAL			5	11,00					1		
S	19A. DATE OF	NDITION GIV	EN IN PART	1 (A).					_					OY	ears
E.	1	DEKAHON	WAS PERFO	RMED	HICH OPER	ATION		AUTOPSY? (Y Yes	es or No	IN CERTI	ES, WERE P	INDINGS	CONSI DEATH?	DERED	
5	A A CCIDENT	WAS UNDE	RLYING	218.	PLACE OF I	NJURY (e.g.,			F D(D						
Q 11	DEAYH (notify r	ING CAUS	E O F	home etc.)	form, focto	NJURY (e.g., i	ffice bldg.	INJURY O	CUR?	Į/ I	In Boltimore	e City, giv	e exoct i	ocotion;	
21		Month) (Doy		(Hour) 21E	INJURY OC	CIIBRED		215 11614	-15 011						
	OF INJURY (APPROX.)	(00)	. (100		e At	Not Whil	e 🗀	ZIF. HOW	DID INJ	URY OCCU	R?				
L				Worl	. 🗀	At Work		}							
2	2. I certify t	hat 🚱 (this	hospital)	attended th	e deceased	fram	1/-	6		1969 to			25	19	69
	that (We) 1							69	_and th	at In (appr)	(aur) apir	ion dea	th accu	rred an	the date
0	and have and	from the cau	ises state	d abave. 🙀	(We) (d1d)	(did=t) v	lew the	bady after	death.						
2	3A. SIGNATUR	0 1										23 B. DA1	E SIGNE	D	
	18.4	lavel h	- '/3	istop	MD.	GEGREE Phys	nding 🔲	Med. Directo	or \square	Stoff Phys.		11-	25.	-69	
2	NAME (Typ	ie)		7			23 D. ADD		10 F-	a Loren	Annone				
	Rich	ard L.	Bishop		M	D. GEGREE	BCH	Ba	altim	stern ore, M	arylar	nd 21	224		
24A.	BURIAL CREM REMOVAL (Sp	ATION, 248.	DATE	24C. NA		ETERY of CRE	MATORY			CATION		y, town, o		f	(Stotef
B	urial	12	-1-69) []	arver	Mem.	Park		_	7	3.6	7			

Laurei Maryland DEC 1 1969 July BEALTH DEPT. 258. MAME-OF REGISTRAR 25C. FUNERAL DIRECTOR
Charles R. Law, ADDRESS 802 Madison Ave. VS 150-REV. 1/1/68

1 40-560 59 11342 BALTIMORE CITY HEALTH DEPARTMENT

Bi	D - 560 MEDIC	AL EXAMINER'S	CERTIFICATE OF DEATH REG. NO	69 11842
li.		LLIAM LEE DE MARY	2) DATE Known X Manth Day	Year Hour
L			DEATH Estimoted November 26,	1969 6:30 P M.
FU	PLACE IN BALTIMORE, MARYLAND, WHER IL NAME OF (IF NOT IN HOSPITAL OR SPITAL ADDRESS OR LOCATION INSTITUTION	INSTITUTION, GIVE STREET		Yeor Hour 1969 6:30 P. M
	University of Ma	aryland Hospital	5. USUAL RESIDENCE (Where deceased lived. If institution: A. STATE B. COUNTY Virginia	residence before odmission)
		ARRIED NEVER MARRIED		Y LIMITS?
1 -	1,0010	DOWED DIVORCED	Norfolk YES	NO O
	DATE OF BIRTH 10. AGE (In year) -5-1936 10. AGE (In year) 33-30	Months Doys Hours Min.	E. STREET AND NUMBER 7463 Diven Street	
	BIRTHPLACE (Stole or loreign country) Kelford, N. C.	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
144	.USUAL OCCUPATION (Give kind of work 14B. K	(IND OF BUSINESS OF INDUSTR	Leroy De Mary	
aon	Electonnic Helper		Ruth Harrell	
16. (Ye	WAS DECEASED EVER IN U.S. ARMED FOR s, no or unknown) (If yes, give wor or doles of ser Yes	RCES? (17. SOCIAL SECURITY NO.		Norfolk, Na.
_	19.	CAUSE OF DEA		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEATH
	(This does not mean the made of dying, e	(A)IMMEDIATE	CAUSE Septicemia and pneumonia	
	heart loilure, osthenio, etc. it meons the disea injury or complication which coused death.)	DUE TO, OR	AS A CONSEQUENCE OF:	
	intory or complication which coused death.)			
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV	ING DUE TO OR	ltiple injuries AS A CONSEQUENCE OF:	
z	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE (C)		
5	· ·	(0/		
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED TO THE T DISEASE OR CONDITION GIVEN IN PART 1	ERMINAL		
ERT	20A. DATE OF OPERATION 20B. CONDITION		AS PERFORMED	21. AUTOPSY? (Yes or No)
	2			Yes
MEDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB- UTING LANGUE OF DEATH.	nome, form, foctory, street, offic	In or obout 22C. WHERE DID (II in Bollimore City, give exoct bldg., etc.)	5200
Z	22D. TIME (Month) (Doy) (Year) a (highway/	Baltimore-Washington Exp	pressway
	(APPROX.) November 15,196	WHILE AT NOT	WORK Driver of auto which cro	nesed median
	23. 1 certify that I held an Inquir	y Inspection Au	and struck other aut	0
	resulted fram: Natural causes			olntan
ı	ACTUAL CO.	1 - 2	CHIEF MEDICAL EXAMINER	
	SIGNATURE	· State M.D		DATE SIGNED
	Trians (Type)	Springate, M.D.		per 27, 1969
REI	A. BURIAL CREMATION, AMOVAL (Specify) Burial 11-30-69	24C, NAME of CEMETERY Zion Grove	or CREMATORY 24D. LOCATION (City, town, of Ahoskie, N. C.	or county) (State)
25/	. DATE REC'D BY HEALTH DEPT. 258	. NAME OF REGISTRAR		RESS
I	EC 1 1969 BLAE 3	Ben M. B.	Riddick Funeral Service- 10	
VS.	151-REV. 1/1/68 869	30100	1 5 6 2 9 Nort	Folk, Virginia

(22) AA Co. Le Marenes medio Elaminers office. at .M. L., of Marketon, Resource dim Co.

SIGNATURE.

EXAMINER'S

NAME (Type)

25A. DATE REC'D BY HEALTH DEPT.

24A, BURIAL CREMATION.

REMOVAL (Specily)

VS 151-REV. 7/1/68

Burial

Ronald N. Kornblum, MD.

258 NAME OF REGISTRAR

24B. DATE

12-5-69

-452 69 11843 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO. 1. NAME OF DECEASED 2. DATE Month Yeor Hour (Type ar Print) OF ANTHONY HOLMES Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Hour Month Yeor PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) November 29,1969 9:00 HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. Il institution; residence before admission) B. COUNTY LUTHERAN HOSPITAL Maryland 6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS Male Negro WIDOWED DIVORCED Baltimore YES 🔀 NO 9. DATE OF BIRTH last birthday) 10. AGE (In years If Under 1 Yr. II Under 24 Hrs. E. STREET AND NUMBER Manths | Days | Haurs | Min. 1-2-1961 2841 Clifton Avenue 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Baltimore, Maryland Lawrence Hobmes 14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during most of working lile, even Il retired) Student Jeannetta Nocholes 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. INFORMANT 17. SOCIAL **ADDRESS** (Yes, na or unknown) (II yes, give wor ar dates of service) SECURITY NO. no Mother - 2841 Clifton Ave CAUSE OF DEATH APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH Peritonitis DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dyling, e.g., heart foilure, osthenio, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury ar camplication which coused death.) ANTECEDENT CAUSES Rupture of Acute Appendicitis DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ON (c). CAT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes ar Na) EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., In ar about 22C. WHERE DID (If in Baltimore City, give exact location) hame, larm, foctory, street, allice bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Day)
OF INJURY (Year) (Haur) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE (APPROX.) WORK AT WORK 23. I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion resulted from: Notural couses Accident Sulcide Homicide ___ Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED

M.D.

Baltimore National

24C. NAME of CEMETERY or CREMATORY

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

Charles R. Law

24D. LOCATION

11/30/69

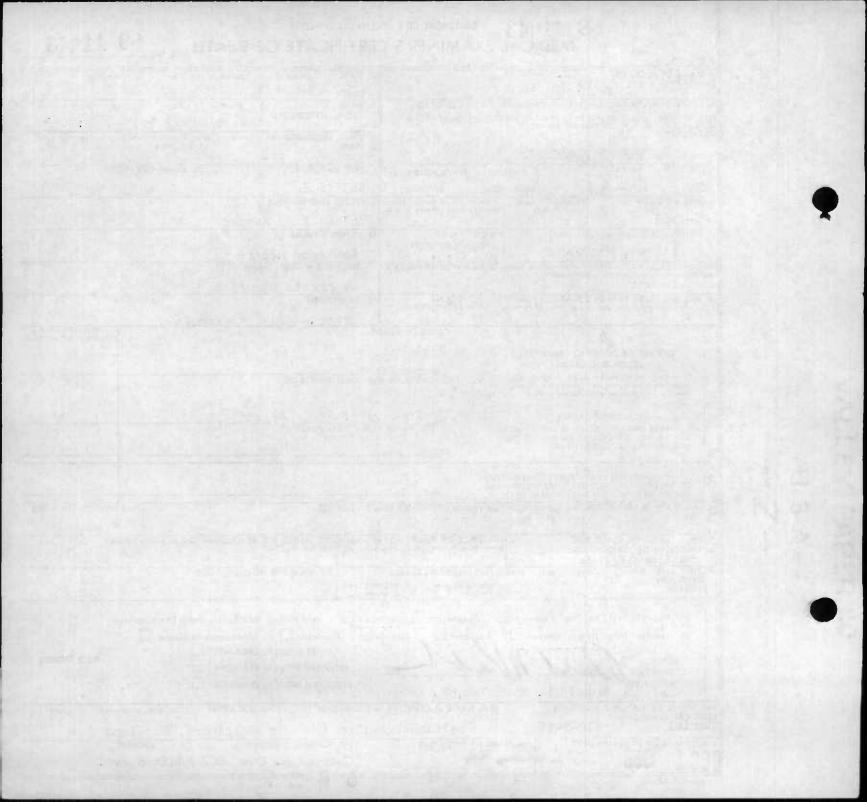
(State)

(City, tawn, or caunty)

802 Madison Ave.

ADDRESS

Baltimore, Maryland



to the hospital approved leath); ust be An accident of hospital the body was released shows: (1) An accident o must ō 2 approvai 5 prior ŧ D.O.A. deceased g N as

69 11844 3:51 4. USUAL RESIDENCE (Where deceosed lived. Il institution: lesidence before odmission)
A. STATE
8. COUNTY D. INSIDE CITY LIMITS? YES A NO 007 If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. 4940 Eastern Ave. ADDRESS Baltimore, Md. 21224 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) that (i) (we) last saw the deceased alive on. ond that in (my) (our) opinian death occurred an the date and hour and from the causes stated above. (1) (Wey (aid) (did not) view the bady after death. 23A. SIGNATURE 238. DATE SIGNED Attending | Director L 23 C. PHYSICIANS NAME (Type) 23D. ADDRESS Baltimore City Hospitals 4940 Eastern Ave. Baltimore, Md. DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 25B NAME OF REGISTRAR & Calley M.D. UR LALL REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR CONNELL SOMS VS 150-REV. 1/1/68

22*	-86-82 CSK	1	W-630	69	1104	BALTIMORE CITY CERTIFICA	HEALTH DEPART	MENT	X REG. N	69	11845	
	death death ceased on the	1 -	TH NO.		-r-rOJEC	CERTIFICA	TE OF DE	AIH				
	of deat of deat Decease e on th		Pe or Print)		CIVILA A. I	4 - N	2	DATE AND	HOUR OF	DEATH	205	
	D O C C			DRED A	NN W	ARD			127/69		1 35	M
	hospital ise of c (5) Dece ance or death.	3.	PLACE IN BALTIMO	DRE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDE	B. COUNT	deceosed live	ed, if institution:	residence belore or	lmission)
	hospi lse of (5) D ance deat	FU	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				Maryland	Harf	ord		69/11	0
	rade; (cause)	HO	SPITAL OR B.	ltimore Ci	ATION)		C. CITY OR TOWN	1		D. INSIDE CITY	LIMITS?	
	- 5 0	ľ		Joppa			YES					
	ting d cau r att r att prior	В		40 Eastern			E. STREET AND N	NUMBER			1	
	h occurred in contributing fermined ca regular att regular att reased prior		ьа	ltimore, Mo	1. 2122	.4	501 1	rimble	Rd.	21085		
	contribut contribut etermined n regular sceased pr	5.		ACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9	. AGE (In yea	rs II Und	er 1 Yr. , II Under	24 Hrs.
	contrib contrib letermin in regul eceased on is ma		Female	White	WIDOWED	DIVORCED	2-26-19		ost birthdoyl 50	Months	Days Hours	Min.
	red red si is	10/	USUAL OCCUPAT	ION (Give kind of work	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tote or fareig	n country)	12. CI	TIZEN OF WHAT C	OUNTRYZ
	de in de	don	e during most of working	ng life, even it retired			Virginia		•		U.S.A.	
	dead tor Und as i	13.	FATHER'S NAME	E	l						O.D.A.	
	nt if death direct or c ; (4) Undet th was in in the dec	"	TAILLY 3 NAME				14. MOTHER'S MA	AIDEN NAM	E			
4	dir dir th dis			ah Gibson			Margare	t Mart	in			
ANT	B 0 H 0 L	15. (Ye	Was Decaased Ever	in U. S. Armed Forces, give wor or date	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	4	040 E		ADDRESS	
E	kin kin dec		VIK			SECONIII NO.	BCH Recor			tern Ave		
C	if thankied and or fi	\vdash	18. 22 10 17	. Vi		CAUSE OF DEATH		В	altimor	e, Md. 2	1224	TERVAL
IMPORT	S > 0 0 E		DISEASE OF	CONDITION DIE	ECTLY		•	-			BETWEEN ONSET AN	
Σ	<u> </u>		LEAI	DING TO DEATH		(A) IMMEDIATE CAU	SE EMPH	145E1	4 A-		8-102	O RA
			(This does not m	ean the mode of enia, etc. It means	dying, e.g.,		CONSEQUENCE		1 1/	************		feners
8	5 2 7 2 9 9		injury or complica	tion which caused	death.)							
CTOR	Francis de la companya de la company		ANTE	CEDENT CAUSES		4.3						
Ü	xami xami () A fr who who reg		DISEASES OR C	ONDITIONS, if	ny, giving	DUE TO, OR AS	A CONSEQUENCE	OF:	***********	**********		
DIRE	S = 3 (3) e = 6		rise to the ab	ove cause (A)	stating the							
5			ONDERENING CO			(C)						
_ `	medical ledical burns; hysicia in was remain	z	OTHER SIGNISICAN	II TCONDITIONS CON	ITDIDITINIO	0						
•	phy an	ATIO	TO THE DEATH BU	NOT RELATED TO TH	E TERMINAL	PULM	ONARY	EDI	EHA-			
FUNER	0	S	19A. DATE OF OPE	TION GIVEN IN PART RATION 198 CONI	DITION FOR W	HICH OPERATION	20A. ALITOPSY?	(Yes or No)	20R IF VEC	WERE EINDING	CONSIDERED	
Z	Bod Bod the ysic	CERTIFIC	200	WAS PERF	ORMED		20 A. AUTOPSY?	8	IN CERTIFYIN	G CAUSES OF	DEATH?	
5	he cl l by (2) B re tl phy fore	C	21A. ACCIDENT W	AS UNDERLYING	21B.	PLACE OF INJURY (e.g., in	or obout 21 C. WHE	RE DID	/U In B	oltimore City, oil	ve exact location)	
		CAL	DEATH (notily medi	col exomined	home etc.)	, form, foctory, street, off	ice bldg., INJURY O	CCU R?	<i>y</i> · · · · ·		· · · · · · · · · · · · · · · · · · ·	
	d NA A			nth) (Day) (Year)	(Hour) 21 E	INJURY OCCURRED	215 900	/ DID INJUI				
•	roved by ne hospi y nature xcept w ind (6) h btained	ME	OF INJURY (APPROX.)	1 2/1 1 2011		e At Not While	211. HOW	וטנאו טוט י	KT OCCUR?			
	taine v				Work						ž	10
	02 5 6 6 7					e deceased fram	11/27	19	69 ta		127 19	6 /
	524- <u>68</u> 1		that (1) (we) Tast	saw the decease	d alive an	1/27	19 69	and that	In (my) Jour	apinian ded	th accurred an t	
			and haur and fran	n the causes state	ed above. (I)	(We) (did) (did not) vi	ew the bady afte	r death.				
	dent dent dent deat must		23A. SIGNATURE	0	O .		•			23 B. DA	TE, SIGNED	
	ccid a ho		James	0 K-	tonk	M Atter	ding Med.	si Si	off A		127/69	
	9 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		23C. PHYSICIAN'S NAME (Type)	~		OF GREE	3D. ADDRESS	TOP L	Merch	11 1	7 7 7 8	
	rificate y was ro (1) An ac (2) A. at a d prior approve		NAME (Type)	JAMES R	FOLL	M.D. OEGREE Phys.	1010 F-51H	70,	C 1 1 7	14021	777	
		24A				ME OI CEMETERY OF CREE	4940 Laste	rn Ave				
	F 40 0 0 -		REMOVAL (Specify	12/1/1	1			24D. LOC		(City, town,		Stote)
	his certine body hows: (1, cas D.O., eceased rritten a	250	BURIAL	/ ./c	1 Ho	LLY HILL	CEM.	13	ALTO	· MO		
	This cer the bod shows: was D.C decease	ZDA	DATE REC'D BY H	EALSH DEPT.	SEB. NAME OF	REGISTRAR	25C. FUNERAL	DIRECTOR			ADDRESS	
	\$ \$ \$ \$ \$ #	1	9 2 1900	200000	Q _{aut}	7-17	81,6,6	CONN	ELLY	SON	300 A	1ACC
		VS	50-REV. 1/1/68				- 11					

. (5. 4) .

L-125 69 11846

BALTIMORE (CITY	HEALTH	DEPARTMENT
-------------	------	--------	------------

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
1115516115	EVENTURE LEIVE	CENTILICATE	OI DLAIII

1 - 100	CERTIFICATE OF DEATH PEG NO 69 11846
BIRTH NC.	REG. NO.
1. NAME OF DECEASED (Type or Print) RICHARD LIPSCOMB	2. DATE Known K Month Doy Year Hour OF DEATH Estimated November 28, 1969
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	PRONOUNCED DEAD November 28, 1969 12:35 Am.
38 University Hospital	5. USUAL RESIDENCE (Where deceased lived, if Institution: residence before admission) A. STATE B. COUNTY B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED 9. DATE OF BIRTH 10.AGE (in years If Under) Yr. If Under 24 Hrs	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs Months; Doys; Hours; Min Annih 1 Doys; Hours; Min 10. AGE (In years) Months; Doys; Hours; Min Months; Doys; Hours; Min	
11. BIRTHPLACE (Stofe or loreign country) 12. CITIZEN OF	914 W. Franklin Street
WHAT COUNTRY?	Loonoe Lipseamb
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR done during post of working life, even if refired)	RY 15. MOTHER'S MAIDEN NAME
Porter	Dalser Oppions
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor ar doles of service) 17. SOCIAL SECURITY NO.	18. INFORMANY
199 CAUSE OF DE	ATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	CAUSCarbon monoxide intoxication
heart failure, asthenio, etc. It means the disease. DUE TO, OR	AS A CONSEQUENCE OF:
injury or complication which caused death.)	
ANTECEDENT CAUSES (B)	Conflagration Conflagration
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	Conflagration AS A CONSEQUENCE OF:
Z ONDERETING CONDITION LAST. (c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
O TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
204. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	No
UNDERLYING OR CONTRIB. home, form, foctory, street, office	in or about 22C. WHERE DID (if in Boltimare City, give exact location) ce bldg., etc.) INJURY OCCUR?
	914 W. Franklin Street /80/
OF INJURY (APPROX.) 11-28-69 12:10 A m WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	I WHILE
23. AT V	WORK X Fell asleep smoking and mattress caught fire
I certify that I held an Inquiry Inspection X Au	stapsy and that an this basis, death in my opinion
resulted fram: Natural causes Accident X Suici	de Homicide Undetermined monner
ACTUAL ()	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE EXAMINER'S Charles C	ASSISTANT MEDICAL EXAMINER X
NAME (Type) Charles 5. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER November 28, 1969
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D LOCATION (City, town, or sounty) (State)
Durial 12/1/64 1/17/1/1/1/	In Clm Ballo Tike
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
DECI 1969 Chilled & Jaber M.D.	Milliams Tuneran Home 31941. Solvery D.

comment think Astrony sur Below the

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased of was D.O.A. at a hospital (except where the physician who promotion does to the contribution of

BIRTH NO. 1. NAME OF DECEASED (Type or Print) A PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE COVENING deceased lived. If institution: residence before on the state of the content of the state of the content of the state of the content of the state of the content of the state of the content of the state of the content of the state of the content of the state of the content of the state of the content of the state of the content of the state of the content of the state of the sta	
(Type or Print) MOCADA CALLER TO THE STATE OF DECENTED TO THE STATE OF DECENTED TO THE STATE OF DECENTED TO THE STATE OF DECENTED TO THE STATE OF DECENTED TO THE STATE OF DECENTED TO THE STATE OF DECENTED TO THE STATE OF DECENTED TO THE STATE OF DECENTED TO THE STATE OF DECENTED TO THE STATE OF DECENTED TO THE STATE OF THE STATE	
raprel H. Weir 11/29/69 7.3	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before of A. STATE B. COUNTY 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before of A. STATE B. COUNTY 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before of A. STATE B. COUNTY	OAM.
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before of a STATE B. COUNTY	dmissian)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 4-04	_
C. CITY OR TOWN D. INSIDE CITY LIMITS?	
DAITIMORE YES NO [
South Baltimore General Hosp 1602 Johnson Street	
= 1130 CA ID. FALE	24 Hrs.
The property of the property o	14/11/9
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 113. FATHER'S NAME 14. MOTHER'S MAIDEN NAME TO AN HEAR 655Y Rebecc A Neuman	COUNTRY?
MARY Rud United	States
13. FATHER'S NAME	111110
John Hennessy Rebecca Neuman	
15. Was Deceased Ever in U. S. Armed Force? 11. Cocial	
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	
H3/2520	
18. 4 2 2 1 CAUSE OF DEATH CAUSE OF DEATH C. V. A. C. H. F. BETWEEN ONSET A	ND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Artimus Collate: Ryalitancians Condinues Collate Condinues Collate Condinues Condinue	
(This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE	
heal failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	
I luse to me apode cape (V) signing the	100
UNDERLYING CONDITION last, (C)	
Z OTHER CONTRACTOR III	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I O THE DEATH BUT NOT RELATED TO THE TERMINAL	
▼ IDISEASE OF CONDITION GIVEN IN PART 1 (A)	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
O 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID 11 In Rollingre City, give event location)	
OR CONTRIBUTING CAUSE OF Industrial Country Country	
OF INJURY (APPROX.) OF INJURY (APPROX.) OF INJURY (Year) (Hour) 21E INJURY OCCURRED While At Work At Work 21F. HOW DID INJURY OCCUR?	
While At Work At Work	
22. I certify that (1) (this hospital) ottended the deceased from	
22. I certify that (Y) (this hospital) ottended the deceosed from	the date
22. I certify that (1) (this hospital) ottended the deceased from	the date
22. I certify that (1) (this hospital) ottended the deceosed from	the date
22. I certify that (1) (this hospital) ottended the deceased from	the date
22. I certify that (N) (this hospital) ottended the deceosed from	the date
22. I certify that (1) (this hospital) ottended the deceosed from	the date
22. I certify that (1) (this hospital) ottended the deceosed from	the date
22. I certify that (1) (this hospital) ottended the deceosed from	the date
22. I certify that (1) (this hospital) ottended the deceosed from	the date
22. I certify that (H) (this hospital) ottended the deceosed from	the date

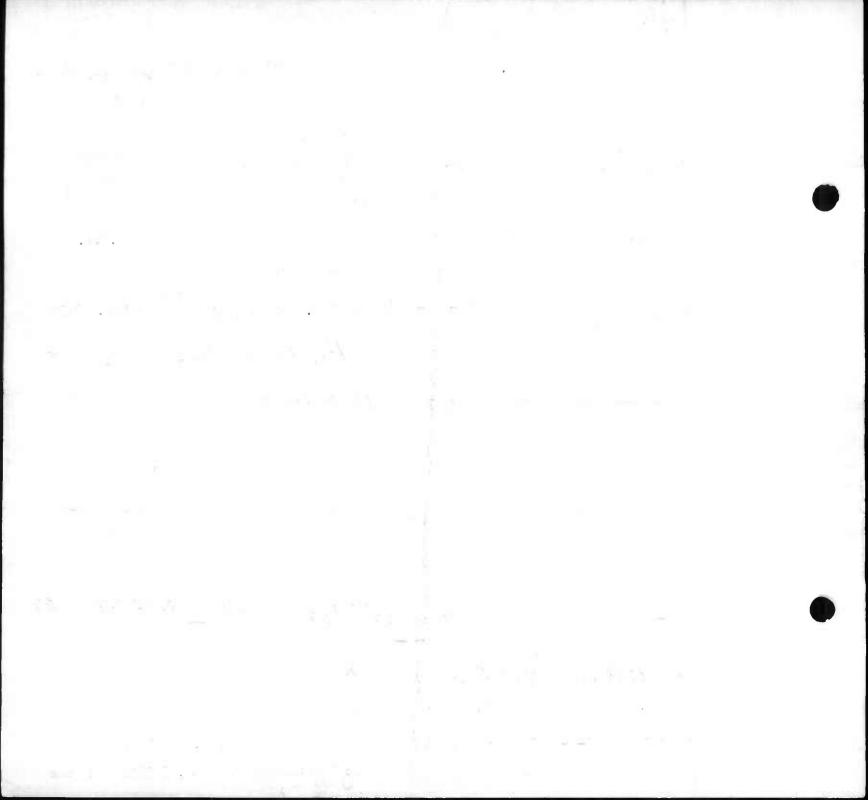


BALTIMORE CITY HEALTH DEPARTMENT

BIF	69 1 TH NO. 60	1848	MED	ICAI	- EX	AMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	69	11848
	NAME OF DE		Eric	Monta	igue		2. DATE OF DEATH	Known 🗵	Month	Doy	Yeor	Hour
FUL	PLACE IN BA	(IF NO	RYLAND, W	HERE P	RONO	UNCED DEAD	3. DATE	UNCED DEAD	Month 1.1	Doy 30	Yeor 69	10:21 a.M.
	HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION Hopkins Hospital							ESIDENCE (Where				
6. 5							C. CITY OF			D. INSIDE CI	TY LIMITS?	0 1
	male colored widowed Divorced					Baltimor	e	Y	es 🗗	NO 🗆		
	ate of Bir	11 1210	10. AGE (In lost birthdo)		Month 3	der 1 Yr. II Under 24 Hrs. s Doys Hours 1 Min.	E. STREET	AND NUMBER 2213	Mura S	St.		
11.	BATTO .	Stelle or foreign	n country)			TIZEN OF HAT COUNTRY?	13. FATHER	SNAME) /	Unait	766	115
14A done	USUAL OCCI	UPATION (Give working lile, eve	kind of work i	48. KIND	OF B	USINESS OR INDUSTR	15. MOTHE	R'S MAIDEN NAM	ME	2/0/1	1	
		SED EVER IN U				17. SOCIAL SECURITY NO.	18. INFOR	MANT /	11.	A	DDRESS	2213
	19. 44 8	>4 ix	1			CAUSE OF DEA	TH VOI	olay	1101	IMGU		PPROXIMATE INTERVAL VEEN ONSET AND DEATH
	(This does	SE OR CONDI LEADING TO not mean the e, osthenia, etc. mplication which	DEATH mode of dyl	ng, e.g., diseose.		(A)IMMEDIATE O		DII) Inter	stitia	al pneum	onitis	
NO	DISEASES RISE TO TH	NTECEDENT (OR CONDITION LE ABOVE CAU NG CONDITION	ONS, IF ANY, ISE (A) STAT ON LAST.	, GIVING ING THE		(B)(C)	AS A CONSE	QUENCE OF:				
FICATION	TO THE DE	NIFICANT CON ATH BUT NOT R CONDITION	RELATED TO	THE TERM	INAL	************	************					
CERTIFI	20A. DATE O	F OPERATION	208, CON	IDITION	FOR W	HICH OPERATION W	AS PERFORM	NED			21. AUTO	PSY? (Yes or No)
EDICAL	UNDERLYING	RNAL CAUSE N	RIB-		228. PL home,	ACE OF INJURY(e.g., form, foctory, street, office	in or obout a bldg., eic.)	2C. WHERE DID (If In Baltimo	re City, give exo	ct location)	yes
		(Manih) (De		(Hou		ELINIURY OCCURRED	WHILE	2F. HOW DID INJ	URY OCC	UR?		
	23. 1 cer	tify that I h	eld on Ir	qulry [topsy 🔯	ond that on th	is basis,	death in my	oplnion	
resulted from Natural couses Accident Suicide								omicide U		ned monner		
ACTUAL SIGNATURE M.D. EXAMINER'S								STANT MEDICAL E	XAMINER			DATE SIGNED
	NAME (Type) Wer	ner U.	Spi		1		Medical			12/	1/69
REA	BURIAL CRE	HV).	12-3	-69	24C	M to Cale	or CREMATO	PRY 24D. L	VIET	Arus	or county)	(Stote) Cou. Md
25	L. DATE REC'D	BY HEALTH D	369 O	258. N		of REGISTRAR	2sc.	UNERAL DIRECTO	0R	RUG.	DDRESS	Prestons
VS	51-REV. 3/1/6	.0		1 1	-	- 0 - N - 1						

y Mostabue

and seed the coch coch coch coch coch coch coch co	W-416 69 11849 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 69 11849
- 9 B C S	1. NAME OF DECEASED (Type or Print) Wolford, Carl W. 2. Date and Hour of Death (Type or Print) Wolford, Carl W.
spita e of Dec nce o eath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If Institution residence before admission A. STATE B. COUNTY
rred in a hos outing cause led cause; (5) ar attendan prior to de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Baltimore YES NO DESTREET AND NUMBER Baltimore, Maryland 21213 Baltimore YES NO DESTREET AND NUMBER 3305 Kentucky Avenue
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., II Under 24 Hrs
occur ontrik ermin regul eased is ma	Male White WIDOWED DIVORCED 3/23/99
± . 9.5 0 0	done during most of working life, even it retired)
if dear ect or (4) Und was i the de spositio	Contractor Self Employed Maryland U.S.A.
	Frank Wolford Edna Wilson
istant the di kind; death ce on nal di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) NO 16. SOCIAL SECURITY NO. 214-05-2882 Mahel T. Ervin 3305 Kentucky Ave. 21213
St. Y P E.	Lie CAME OF DEATH
his as Iso, if of any unced tendar	DISEASE OF CONDITION DIRECTLY
Als e o noc me	LEADING TO DEATH (This does not mean the mode of dying, e.g., head failure ashering etc. It means the disease DUE TO, OR AS A CONSEQUENCE OF: (A) IMMEDIATE CAUSE He partie Failure 8 months DUE TO, OR AS A CONSEQUENCE OF:
ar bar	hearl lailure, asthenia, etc. It means the disease, injury or camplication which caused death.)
F = 2 0 00 0	ANTECEDENT CAUSES He sato ma
×arr ×arr × Ah × h	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
1 0 C E E	UNDERLYING CONDITION last. (C)
medica ledica burns hysici n was remai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) YES 10 CERTIFYING CAUSES OF DEATH? NO.
by a med 2) Body bure the phy physician fore the re	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION YES IN CERTIFYING CAUSES OF DEATH? NO
by Bo	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR? (If In Boltimore City, give exact location)
+ 5 0 0 0	< DEATH (notify medical examiner) etc.)
De at 100 en	21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work At Work
SEXXET	22. I certify that (I) (this hospital) attended the deceased fram aug 1969 to NOV 27 1969
-0	that (1) (we) last saw the deceased alive an 1967 and that in (my) (evr) opinion death accurred on the date
bed ed mit pit st	and haur and from the causes stated abave. (I) (We) (dld) (dtd net) view the bady after death.
3 0 0 0	Attending to Med State State State
accidaccidate	23C. PAYSICIAN'S
was r was r A at a prior pprov	D. William Schlott, M.D. The Johns Hopkins Hospital
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
ws: (ws: D.C	Burial 12-1-1969 Greenmount Cemetery Cumberland, Maryland
This certif the body shows: (1) was D.O. deceased written ap	DEC 2 1969 John E. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Schimunek, Funeral Home, 3331Brehms Lane
	V\$ 150-REV. 1/1/68



SIGNATURE. **EXAMINER'S**

NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specily)

VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH, DEPT. Burial

24B. DATE

Charles S. Springate, M.D.

24C. NAME of CEMETERY or CREMATORY

7-4/2	EALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 69 11850
Thomas FRANK T. SLIVECKY	2. DATE Known & Month Day Year Hour OF DEATH Estimoled November 27, 1969
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	3. DATE PRONOUNCED DEAD November 27, 1969 11:35 A.M. S. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
2220 E. Monument Street	A. STATE Maryland B. COUNTY 7-03
5. SEX 7. RACE 8. MARRIED X NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED □ DIVORCED □	1100
P. DATE OF BIRTH 10. AGE (In yeors If Under 1 Yr. 11 Under 24 Hrs. Months, Doys Hours Min. June 5.1916	2220 E. Monument Street
Baltimore 1. BIRTHPLACE (Stole or loreign country) Baltimore 12. CITIZEN OF WHAT COUNTRY? U • B A.	13. FATHER'S NAME John Slivecky
4A.USUAL OCCUPATION (Give kind of work] 14B. KIND OF BUSINESS OR INDUSTRIONE during most of working lile, even if refired) Laborer Arundle Dreding Cor	RY 15. MOTHER'S MAIDEN NAME
6. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (II yes, give wor or doles of service) W TT 17. SOCIAL SECURITY NO. 216-10-3138	Doris Slivecky, 3311 Elmora Avenue, 21213
LEADING TO DEATH (This does not mean the made of dying, e.g., heart foilure, asthenio, etc. it means the disease, injury or complication which caused death.)	lerotic cardiovascular disease
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A, DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21. AUTOPSY? (Yes or No) Yes
22A. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB-UTING CAUSE OF DEATH. 22B. PLACE OF INJURY(e.g. home, form, foctory, street, office of the contribution of the contribu	., in or obout 22C. WHERE DID (il in Boltimore City, give exoct location) ice bldg., etc.) INJURY OCCUR?
(APPROX.) m. WHILE AT NO AT N	utopsy and that on this basis, death in my opinion ide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

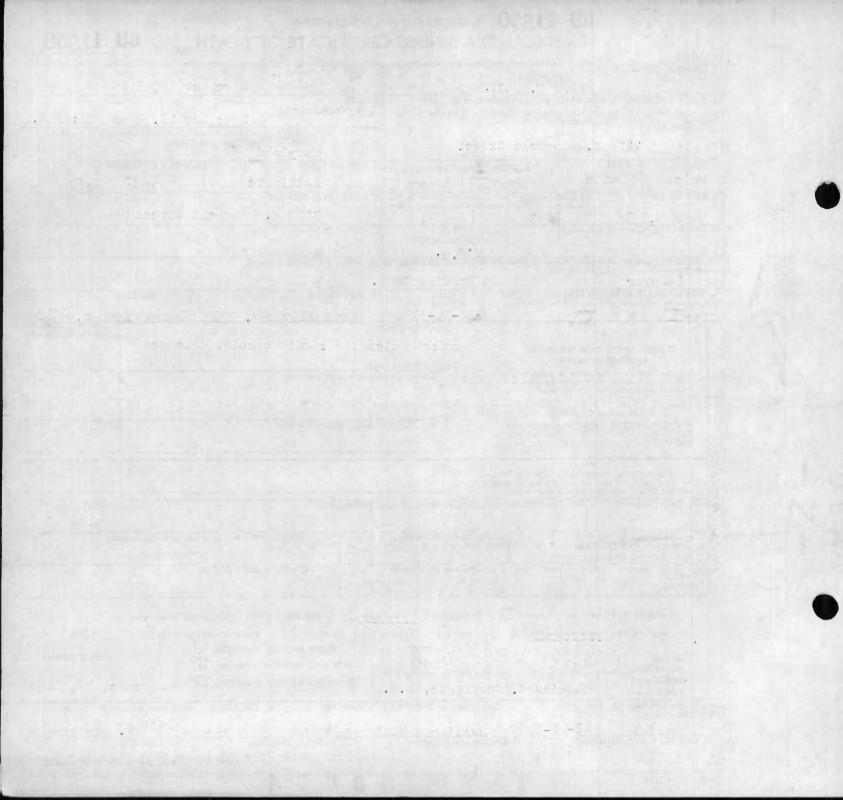
12- 1-1969 Baltimore National Camatery 5501 Frederick Rose Maryland
DEFI. 235 NAME OF REGISTRAR
25C. FUNERAL DIRECTOR ADDRESS
Schimunek Funeral Home 3331 Broken I

24D, LOCATION

Schimunek Funeral Home, 3331 Brehms Lane

November 28, 1969

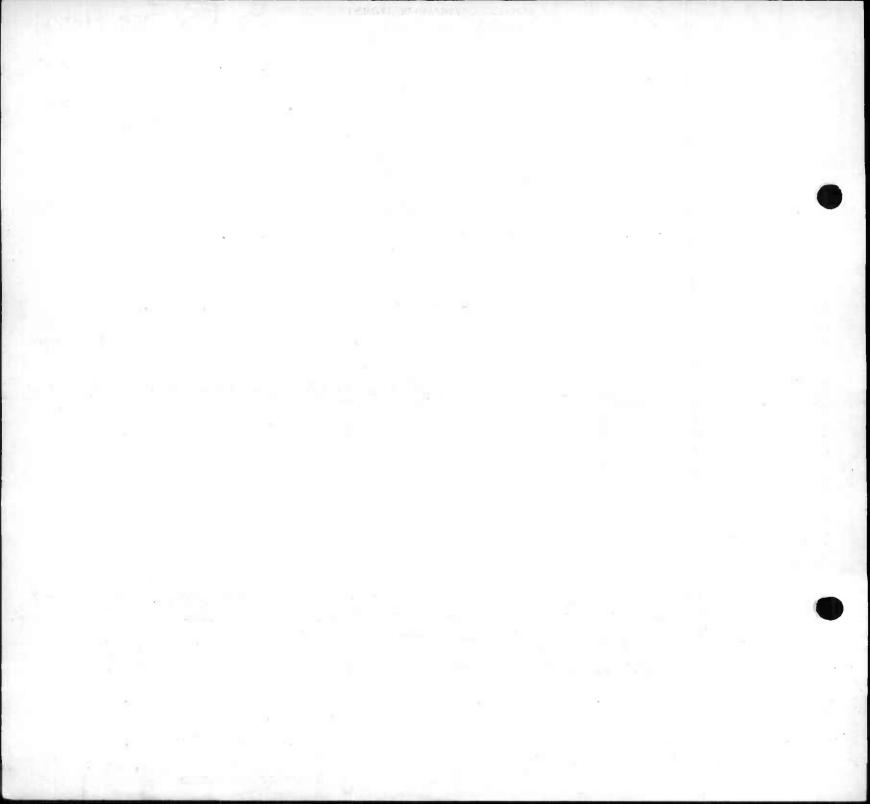
(City, town, or county)



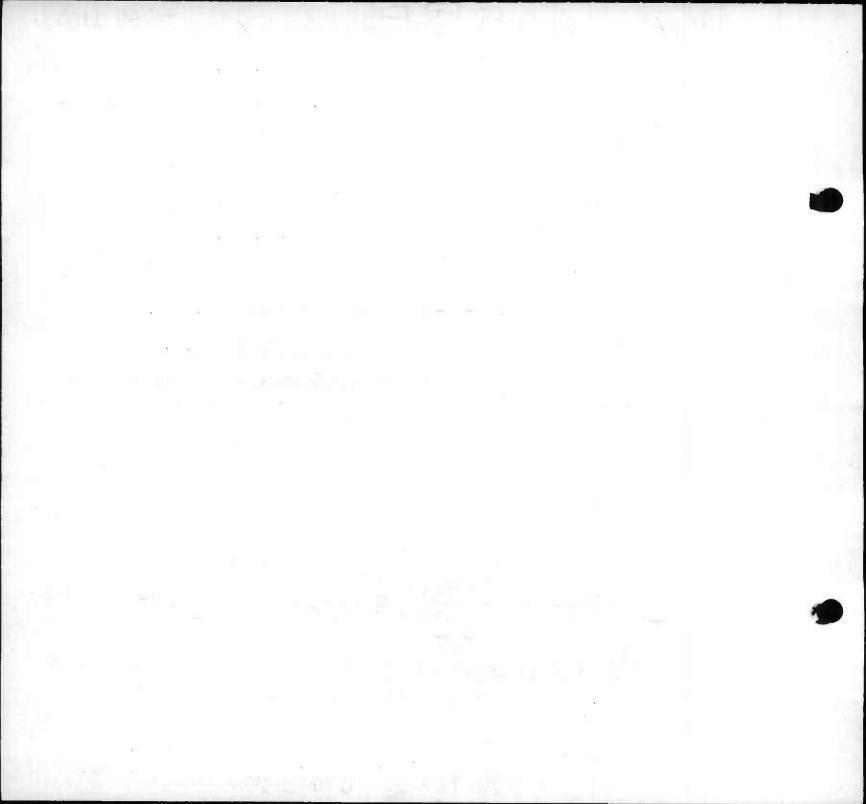
1	C-650	CO 440E4	BALTIMORE CITY	HEALTH DEPARTMENT		CO 44054
che th	IRTH NO.	69 11851	CERTIFICA	TE OF DEATH	REG. NO.	69 11851
as as t	NAME OF DECEASED	- Floorand /	100		ND HOUR OF DEATH	
f d d d d d d d d d d d d d d d d d d d	PLACE IN BALTIMORE, MARY	A Leanora/		LA LISTAL DESIDENCE IN	1/28/69	6:50 A _M .
se of c (5) Dece ance or death.				A. STATE B. COUN	TY Belting	
ause e; (5 e, (5 o d		I HOSPITAL OR INSTITUTION OR LOCATION)		C. CITY OR TOWN		seller
LSe Ca	ISTITUTION CHURC	H HOME XI	Hospital			YES NO NO
ting d cau d cau r att prior e.	5 Broadw	Ay+Faye	tto St	E. STREET AND NUMBER		
ibuti ibuti ilar d pr ade.		~ /				Street 6-02
occur ontrib ermin regul sased is ma	SEX 6. RACE	WIDOWED	DIVORCED	/// I/ / MV / N /	66 65	Months Doys Hours Min.
0 0 - 0 -	A. USUAL OCCUPATION (Give kine during most of working lile, even	nd of work 108, KIND OF BU	SINESS OR INDUSTRY	A	The second secon	12. CITIZEN OF WHAT COUNTRY?
if death rect or c (4) Under was in the dece	FATHER'S NAME	FE		BALTIMO		21.5.
ect (4) U wa the				14. MOTHER'S MAIDEN NA		
dird dird d; (4	EMANUEL			MARY K.	Ng Eliza	abeth
the third deat	. Was Deceased Ever in U. S. A es, no or unknown) (II yes, give w	or dotes of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	110	/	VONE	Mr. Edward J.	Curran, 217	Elinor Ave. 21236
s de de de de de de de de de de de de de	DISEASE OR CONDIT	TON DIRECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Also Also e of noun atte	LEADING TO	DEATH	(A)IMMEDIATE CAU	SE SUDON CO	ordine are	1. 1.50
er o	IThis does not mean the heart failure, asthenia, etc. injury or complication which	t means the disease	DUE TO, OR AS A	CONSEQUENCE OF:	by dine wo	10 A4
ind ind ind ind ind ind	ANTECEDENT			. 1		
wh wh	DISEASES OR CONDITIO	NS, il any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	is chemia.	3 days
S 17 8 8	rise to the above cau UNDERLYING CONDITION	se (A) slaling the last.	(c)			
rical cal icio as	l II		\(\begin{array}{cccccccccccccccccccccccccccccccccccc			
bur bur hys	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELADISEASE OR CONDITION GIVE 19A. DATE OF OPERATION 1	ONS CONTRIBUTING				
E Z D	DISEASE OR CONDITION GIVE	N IN PART 1 (A).	CH OPERATION	20A. AUTOPSY? (Yes or No	I 20R IE VEC WERE EI	NDINGS CONSIDERED
by a n by a n a poly a n a poly a n body a n be by by sicie	Now !	VAS PERFORMED	OW	2/01	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
- 0 0 0 0	21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE DEATH Inotify medical examin	OF home.	ACE OF INJURY (e.g., in form, foctory, street, olf	or obout AC. WHERE DID	(If In Boltimore	City, give exoci location)
hospit hospit nature ept wł d (6) N	21D-TIME (Month) (Doy) OF INJURY	(Year) (Hous 21E IN.	JURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
ho ho cept de (de de	(APPROX)	While A	Not While		Nous	
S P X E S	22. I certify that () (this			4-25		- 28 1969
E 0 0 a	that (we) last saw the					an death accurred on the date
O -100	and have and from the cau	ses stated above. Uf (Y	fe) (did) (d id not) vi			
SOPE	23A, SIGNATURE	Long	My) Atten	dia - Mad -	The state of the s	3B. DATE SIGNED
a to to to to to to to to to to to to to	23C. PHYYCIAN'S	1 of s	DEGREE Phys.	□ Director □	Staff Phys. 4	Nov. 28, 1969
ifficate my was rely An acci. A. at a b d prior to approval	NAME (Type)	4.100+-	2	CHIDOL I	041	200
d A d d d d	A. BURIAL CREMATION, 24R, 1 REMOVAL (Specily)	PATE 24C. NAME	OF CEMETERY OF CREA	MATORY 1240	CATION (City,	town, for county) [Stote)
S: C	Burial 12	/1/69 Gard	ens of Faith			
This certify the body shows: (1) was D.O. deceased written appropriate the contract of the con	A. DATE REC'D BY HEALTH DE	PT. 258 NAME OF R	EGISTRAR	2SC. FUNERAL DIRECTOR	altimore, Mar	ADDRESS
### ¥ \$ \$ \$	C 2 1969 1 %	BE. Jalley M.D.	0 0	Schimunek Fun	eral Home, 3	331Brehms Lane
	150-REV. 1/1/6B	1 0		+ U U - J + D		

Charles and the charge of miles as The second of the second of the second

1	BALTIMORE CITY	HEALTH DEPARTMENT		
	BIRTH NO 69 11852 CERTIFICA	TE OF DEATH REG. NO. 69 11352		
and eath ased the Such	1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH		
_ 70 0 5	(Type or Print) Catherine Carman	11/26/69 10 P M		
of o	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission)		
occurred in a hospit ontributing cause of ermined cause; (5) Do regular attendance eased prior to deat is made.	FILL MALAR OF THE NOT IN HOSPITAL OR INSTITUTION CIVE STREET	Md. 21213 C. CITY OR TOWN D. INSIDE CITY LIMITS?		
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			
		Baltimore YES X NO		
	Sinai Hospital	E. STREET AND NUMBER		
	700	3164 Ravenwood Avenue		
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	female white WIDOWED DIVORCED IIIOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	9/5/1891 78 12. CITIZEN OF WHAT COUNTRY?		
th c c in in	done during most of working life, even il retired)	11. SIKINFEACE (Store of loreign country)		
or or or diric	Housewife at home	Baltimore, Md.		
if dect 4) U wa the pos	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
5 5	John Neeley	unknown		
B 0 B 6 0 -	15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS		
kir kir de de ina	212-07-2916	Anna May Tribull, dght. above		
if if in y ed dar	18. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSE HAND DEATH		
his no d	DISEASE OR CONDITION DIRECTLY Acut	Hyrachal Infanction BETWEEN ONSE JAND DEATH SE A CONSEQUENCE OF: Solethe Heart deseas 2 yes		
Als e o nou att	LEADING TO DEATH (A) IMMEDIATE CAU (A) IMMEDIATE CAU (A) IMMEDIATE CAU	SE V		
ctur ctur oror ar bal	heart failure, osthenio, etc. II means the disease, injury ar camplicotian which coused deoth.)	a CONSEQUENCE OF:		
B E	ANTECEDENT CAUSES ALLON	odethe par wears I years		
A fr	DISEASES OR CONDITIONS, if ony, giving (B)	A CONSEQUENCE OF:		
3) / A	rise to the obove couse (A) stoling the	non		
ins	UNDERLYING CONDITION last, (C)			
rns rns sic wa	Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	n		
by by re	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).			
dy dy		20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
ch Boo th th		ho		
the (2) ere o ph	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	n or obout 21C. WHERE DID (If In Boltimore City, give exoct location) fice bldg., INJURY OCCUR?		
No Pe	DEATH (notify medical examiner)			
d b	☐ 21D.TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY While At □ Not While	21F. HOW DID INJURY OCCUR?		
ho ho ho ho ho ho ho ho ho ho ho ho ho h	(APPROX.) While At Not While At Work			
the iny exc	22. I certify that (I) (gas neespital) attended the deceased fram	20 1969 to nov 26 1969,		
0 0	that (I) (we) last saw the deceased alive an 200 24	19 2 9 and that in(my) (aux) apinian death accurred an the date		
t be a sed to ent of spital eath)	and haur and from the causes stated above. (1) (We) (did) (did not) v	iew the bady after death.		
den den den den mus	23A. 5IGNATURE	23B. DATE SYGNED		
must eleas ccide ccide a hos to d	Marcel Lein OFGREE Phys	nding Med. Staff birectar Phys. D		
0 - 0 - 5	NAME (Type)	23D. ADDRE55		
certificate body was vs: (1) An c D.O.A. at ased prio	Dr. Manuel Levin	6101 Park Heights Ave.		
サンコスプロ	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (5tote)		
ws: D.C	Burial 12/1/69 Baltimore Nat:	ional Cem. Baltimore, Md.		
- > 10 0 +	25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS		
the sho was	DEC 2 1969 3 6 8 8 Valley K.D.	Schimunek Funeral Home, Inc.		
	VS 150-REV. 1/1/6B	0000		



PIDTI	1.415 H NO.	03	1185	CERTIFICA	ATE OF DEATH	REG. NO	
1, NA	AME OF DECEA		AGNES	HALFPENNY		29, 1969	1 4 3
3. PL	LACE IN BALTI	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If i	nstitution: residence before ad
	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Md. 21237	Butto	SIDE CITY LIMITS?
INST	ITUTION				Baltimore	U. INS	YES X NO
a	n Long	green Nurs	ing Ho	ome	E. STREET AND NUMBER		11.3 22 110
1					8202 Sag:	ramore Ro	ad
5. SE	X 6	RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	. AGE (In years	If Under 1 Yr. If Under Months: Doys Hours
fe	emale	white	WIDOWED		3/21/1908	ost birthdoy) 61	Nonins Doys Hours
10A.	USUAL OCCUP	ATION (Give kind of wor			Y 11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT C
	Housew	ife	at h	nome	Baltimore,	Md.	
13. F	ATHER'S NAM	E			14. MOTHER'S MAIDEN NAM	E	
	Ma	rtin J. Mu	rray		Sophia Sn	yder	
15. W	Vos Deceosed E	ver in U. S. Armed Fa If yes, give wor or date	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Tes,	no or unknown)	if yes, give wor or dole		SECURITY NO. L5-09-0484	Rita Mary Ka	ufman dah	t above
1.	1B. /	L W I	21	CAUSE OF DEA		urman, ugi.	APPROXIMATE IN
	injury or comp	sthenio, etc. It means lication which coused NTECEDENT CAUSES	deoth.)	(B)	S A CONSEQUENCE OF: LISTER CANDIDAGE S A CONSEQUENCE OF:	in of De	east 5 year
	DISEASES OF	licotion which coused NTECEDENT CAUSES CONDITIONS, if obove couse (A) CONDITION lost.	I deoth.) S ony, giving	(B)	S A CONSEQUENCE OF:	in of De	east 5 year
ATION	INJURY OF COMP AI DISEASES OF rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OF CO	Ilicotion which coused NTECEDENT CAUSES CONDITIONS, if obove couse (A) CONDITION lost. II CANT CONDITIONS CO BUT NOT RELATED TO 1 NOTITION GIVEN IN PAI DEFERATION [198. CON DEPARTION [198. CON DEPARTION [198. CON	ony, giving sloling the SNTRIBUTING CHE TERMINAL RT 1 (A).	(B)(C)	S A CONSEQUENCE OF:	20B. IF YES, WERE	FINDINGS CONSIDERED
ATION	INJURY OF COMP AI DISEASES OF rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OF CO	Ilicotion which coused NTECEDENT CAUSES CONDITIONS, if obove couse (A) CONDITION lost. II CANT CONDITIONS CO BUT NOT RELATED TO 1 NOTITION GIVEN IN PAI DEFERATION [198. CON DEPARTION [198. CON DEPARTION [198. CON	ony, giving stoling the SNTRIBUTING THE TERMINAL RT 1 (A).	(B)(C)	S A CONSEQUENCE OF:	20B. IF YES, WERE	
AL CERTIFICATION	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CO 21A. A CCIDENT OR CONTRIBUT	Ilicotion which coused NTECEDENT CAUSES CONDITIONS, if obove couse (A) CONDITION lost. II CANT CONDITIONS CO BUT NOT RELATED TO 1 NOTITION GIVEN IN PAI DEFERATION [198. CON DEPARTION [198. CON DEPARTION [198. CON	ony, giving slotling the SNTRIBUTING THE TERMINAL RT 1 (A). NDITION FOR FORMED	(B)	S A CONSEQUENCE OF:	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
CAL CERTIFICATION	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CONTRIBUT DEATH (notify r 21 D. TIME	III CONDITIONS, IF Obove couse (A) CONDITION IOSI. II CONDITION IOSI. II CONDITION COUSE (A) CONDITION COUSE (A) CONDITION COUSE (A) CONDITION COUSE (A) CONDITION COUSE (A) CONDITION (B) COUSE (A) CONDITION (B) COUSE (A) CONDITION (B) COUSE (B) COUSE (C) CONDITION (B) COUSE (C) CONDITION (B) COUSE (C) C	ony, giving sloting the sloting the DNTRIBUTING THE TERMINAL RDITION FOR FORMED	(B)	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CONTRIBUT DEATH (notify r	Ilicotion which coused NTECEDENT CAUSES CONDITIONS, if obove couse (A) CONDITION lost. ILICOTION COLUMN TO THE CO	ony, giving stoling the ETERMINAL RT 1 (A). NOTION FOR STORMED 218 (Hour) 218 William Storm 218 William Storm 218 William Storm 218 William Storm 218	(B)	20A. AUTOPSY? (Yes or No) in or about 21C. WHERE DID office bldg., INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19-A. DATE OF CONTRIBUT DEATH (notify roof injury (APPROX.)	Ilicotion which coused NTECEDENT CAUSES CONDITIONS, if obove couse (A) CONDITION lost. ILICONDITION CO BUT NOT RELATED TO 1 NDITION GIVEN IN PAI OPPERATION 198. CON WAS PER T WAS UNDERLYING ING CAUSE OF medical exominer) Month) (Doy) (Year)	ony, giving sloling the slowest the slowes	(B)	20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR COOTINGUT 21A. ACCIDENT OR CONTRIBUT DEATH (notify reconstruction) 21D. TIME OF THE OF	Ilicotion which coused NTECEDENT CAUSES CONDITIONS, if obove couse (A) CONDITION lost. ILICONDITION CO BUT NOT RELATED TO PA NOTITION GIVEN IN PA DOPERATION 1998. CON WAS PER T WAS UNDERLYING	ony, giving sloting the sloting the sloting the DNTRIBUTING THE TERMINAL RITTLE (Hour) 21E will work the slotter of the slotte	WHICH OPERATION B. PLACE OF INJURY (e.g., ne., form, factory, street,) E. INJURY OCCURRED Not Whork At Work the deceosed from	20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJU	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exoct location)
MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CO 19A. DATE OF INJURY (APPROX.) 21 L. TIME OF INJURY (APPROX.)	Il CONDITIONS, if obove couse (A) CONDITION loss. IL CONDITION COMBUT ON THE CONDITION STATE	ony, giving stoling the TERMINAL RT 1 (A). Who the TERMINAL RT 1 (A). Who the TERMINAL RT 1 (A). Who the TERMINAL RT 1 (A). Who the TERMINAL RT 1 (A). Who the TERMINAL RT 1 (A). Who the TERMINAL RT 1 (A).	WHICH OPERATION B. PLACE OF INJURY (e.g., ne. form, factory, street,) E. INJURY OCCURRED hile At Work At Work the deceosed from	20A. AUTOPSY? (Yes or No) in or about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CONTRIBUT DEATH (notify r 21D. TIME OF INJURY (APPROX.) 22. I certify t that (I)	Il CONDITIONS, if obove couse (A) CONDITION lost. IL CONDITION COMBUT NOT RELATED TO 1 NOT	ony, giving stoling the TERMINAL RT 1 (A). Who the TERMINAL RT 1 (A). Who the TERMINAL RT 1 (A). Who the TERMINAL RT 1 (A). Who the TERMINAL RT 1 (A). Who the TERMINAL RT 1 (A). Who the TERMINAL RT 1 (A).	WHICH OPERATION B. PLACE OF INJURY (e.g., ne. form, factory, street,) E. INJURY OCCURRED hile At Work At Work the deceosed from	20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJU	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exoct location)
MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CO 19A. DATE OF INJURY (APPROX.) 21 L. TIME OF INJURY (APPROX.)	Il CONDITIONS, if obove couse (A) CONDITION lost. IL CONDITION COMBUT NOT RELATED TO 1 NOT	ony, giving stoling the TERMINAL RT 1 (A). Who the TERMINAL RT 1 (A). Who the TERMINAL RT 1 (A). Who the TERMINAL RT 1 (A). Who the TERMINAL RT 1 (A). Who the TERMINAL RT 1 (A). Who the TERMINAL RT 1 (A).	WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, factory, street,) E. INJURY OCCURRED hile At Work At	20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID office bldgs, INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 9 9 and that wiew the bady after death.	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location) 19 Inion death accurred an
MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CONTRIBUT OR CONTRIBUT DEATH (notify reconstruction) 21 A. A C C I DEN' OR CONTRIBUT DEATH (notify reconstruction) 22 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Il CONDITIONS, if obove couse (A) CONDITIONS, if obove couse (A) CONDITION lost. IL CONDITION IOST. ANT CONDITION SCO. BUT NOT RELATED TO NOTITION GIVEN IN DAIL PROPERATION 198. CON WAS PER ING CAUSE OF nedical exominer) Month) (Doy) (Year) That (I) (this hospital ast sow the decease from the causes state of the cause of t	ony, giving stoling the TERMINAL RT 1 (A). Who the TERMINAL RT 1 (A). Who the TERMINAL RT 1 (A). Who the TERMINAL RT 1 (A). Who the TERMINAL RT 1 (A). Who the TERMINAL RT 1 (A). Who the TERMINAL RT 1 (A).	WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, factory, street,) E. INJURY OCCURRED hile At Work At	20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 and that view the bady after death.	20B. IF YES, WERE IN CERTIFYING CO. (If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location) 19 Inion death accurred an
MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CONTRIBUT DEATH (notify r 21D. TIME OF INJURY (APPROX.) 22. I certify t that (I)	Il CONDITIONS, if obove couse (A) CONDITIONS, if obove couse (A) CONDITION loss. IL CONDITION IOSS. ANT CONDITION COMBUT NOT RELATED TO 1 NOT RELATED TO 1 NOT RELATED TO 1 NOTITION GIVEN IN PAI TOPERATION 19B. COMWAS PER IN WAS UNDERLYING CAUSE Of medical exominer) Month (Doy) (Year) Month (Doy) (Year)	ony, giving stoling the stoling the TERMINAL RT 1 (A). WHOTHON FOR STORMED 216 (Hour) 216 Will attended to ded alive on atted abave. (WHICH OPERATION B. PLACE OF INJURY (e.g., ne, form, factory, street,) E. INJURY OCCURRED hile At Not Whork At Work the deceosed from	20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID office bldgs, INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 9 9 and that wiew the bady after death.	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location) 19 Inion death accurred an
MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CONTRIBUT DEATH (notify r 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (1) (1) (2) (2) (3) (3) (4) (4) (4) (4) (5) (4) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	Iteration which coused NTECEDENT CAUSES CONDITIONS, if obove couse (A) CONDITION loss. II CANT CONDITION COMBUT NOT RELATED TO 1 NOT RELATED	ony, giving stoling the stoling the terminal Milition FOR REFORMED (Hour) 21E Will Will attended to ded alive on attended to the stolen terminal termin	WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, factory, street,) E. INJURY OCCURRED hile At Not Whork At Work the deceosed from	20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY of the death. 19 9 and the view the bady after death. thending Med. Director D	20B. IF YES, WERE IN CERTIFYING CO. (If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location 19 Union death accurred an 238, DATE SIGNED 12/1/1869
MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CONTRIBUT DEATH (notify r 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (1) (1) (2) (2) (3) (3) (4) (4) (4) (4) (5) (4) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	Ilicotion which coused NTECEDENT CAUSES CONDITIONS, if obove couse (A) CONDITION lost. ILICONDITION CO BUT NOT RELATED TO 1 NDITION GIVEN IN PA NDITION GIVEN IN PA WAS UNDERLYING TWAS UNDER	ony, giving stoling the stoling the terminal Milition FOR REFORMED (Hour) 21E Will Will attended to ded alive on attended to the stolen terminal termin	WHICH OPERATION B. PLACE OF INJURY (e.g., ne, form, factory, street,) E. INJURY OCCURRED hile At Not Whork At Work the deceosed from	20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY of the death. 19 9 and the view the bady after death. thending Med. Director D	20B. IF YES, WERE IN CERTIFYING C. (If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location) 19 Inion death accurred an
MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR COOTINGUT 21A. ACCIDENT OR CONTRIBUT DEATH (notify recontribut) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Iteration which coused NTECEDENT CAUSES CONDITIONS, if obove couse (A) CONDITION lost. ILL. CONDITION IN COURT OF THE CONDITION OF THE COUSE OF THE CAUSE OF THE	ony, giving sloting the sloting the sloting the sloting the sloting the sloting the sloting the sloting the sloting the sloting the sloting the sloting the sloting the sloting the sloting term of the sloting the sloting the sloting the sloting the sloting the sloting the sloting the sloting the sloting the sloting term of the sloting the sloting the sloting the sloting the sloting the sloting the sloting the sloting the sloting the sloting term of the sloting the slotin	WHICH OPERATION B. PLACE OF INJURY (e.g. ne, form, factory, street,) E. INJURY OCCURRED hile At Work At	20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CO. (If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exoct location) 19 19 11 23B. DATE SIGNED 12/1/1869
MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CO 19A. DATE OF CO 19A. DATE OF CO 19A. DATE OF CO 19A. DATE OF CO 19A. DATE OF CO 19A. DATE OF CO 19A. DATE OF CO 19A. DATE OF CO 19A. DATE OF CO 19A. DATE OF CO 19A. DATE OF CO 19A. DATE OF CO 19A. DATE OF CO 19A. SIGNATUR CO 19A. SIGNA	Interest of the course of the	ony, giving sloting the slotin	WHICH OPERATION B. PLACE OF INJURY (e.g., ne, form, factory, street, ne, form) E. INJURY OCCURRED At Work A	20A. AUTOPSY? (Yes or No) in or about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY and the view the bady after death. Wew the bady after death. 23D. ADDRESS 6919 Harfo	20B. IF YES, WERE IN CERTIFYING CO. (If in Boltimo JRY OCCUR? 9ta	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exoct location) 19 19 11 12 17 19 19 11 11 12 11 12 13 14 15 16 17 18 18 18 18 18 18 18 18 18



kind;

any

(2) Body burns; (3) A fracture of

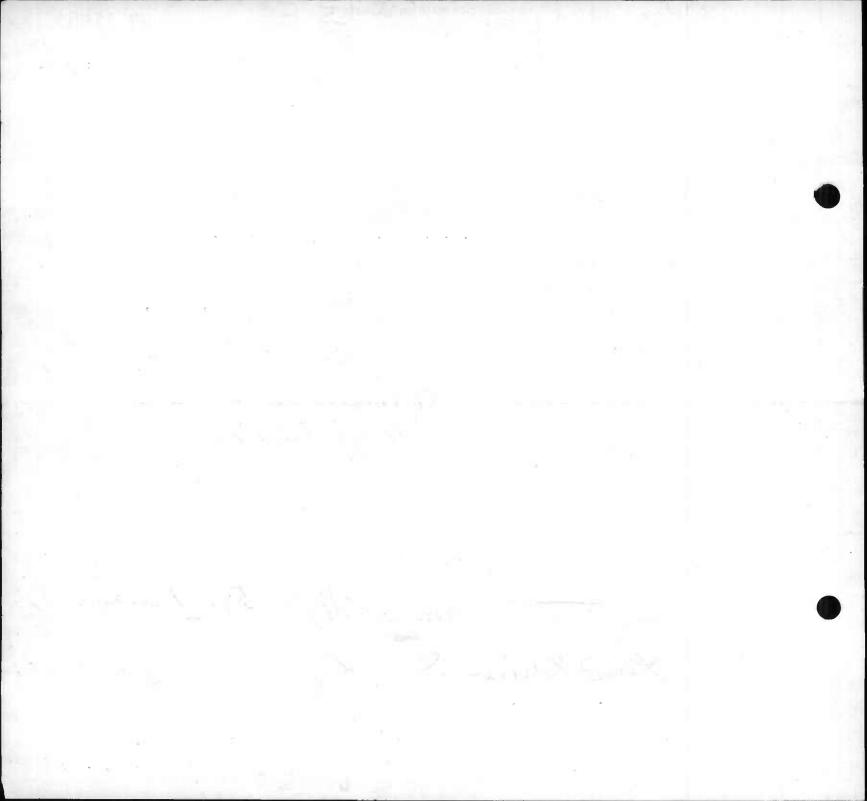
shows: (1) An accident of any nature;

VS 150-REV. 1/1/6B

a hospital and of death

contributing cause

1	P E 2 A BALTIMORE CITY	HEALTH DEPARTMENT			
	69 11854 CERTIFICA	TE OF DEATH REG. NO. 69 11854			
	FRANK JOSEPH RYNES	2. DATE AND HOUR OF DEATH 11/29/69 1715 a.			
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY			
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md., 21205 7-02			
INS	OSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?			
	2427 Ashland Avenue	Baltimore YES X NO NO NO NO NO NO NO NO NO NO NO NO NO			
	00	2427 Ashland Avenue			
5. S	EX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under Yr. , If Under 24 Hrs.			
	MARKIED ANEVER MARKIED	11/20/94 lost birthdoy Months Doys Hours Min.			
ÓΑ	male White WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY				
	e during most of working life, even if retired)	D 141			
	Guard Post Office.U.S.Govt.	Baltimore, Md.			
	Frank Rynes	unknown			
Yes	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS			
	yes Navy	Anna Pocta Rynes, wife, above			
	18. A CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY				
	LEADING TO DEATH (This does not meen the mode of dying, e.g.,	JSE Coracy Junatoses			
	heart failure, asthenio, etc. It meons the disease,	JSE Coronay Thumbosis / day A CONSEQUENCE OF:			
	injury or complication which coused death.)	7			
	ANTECEDENT CAUSES (B)	ussolerale Heart destass			
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:			
	UNDERLYING CONDITION last. (C)	spellusion.			
7		00			
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED			
ERTIFIC	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?			
CE	21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g.,	n or about 21 C. WHERE DID (If in Boltimore City, give exact location)			
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) home, form, foctory, street, o	three bidg., INJURY OCCUR?			
20	21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
MEDI	OF INJURY (APPROX.) While At Not While				
	WORK AT WORK	F A			
	22. I certify that (I) (this hespital) attended the deceased from	190 9 to Nov. 3 9 1969			
	that (I) (we) ast saw the deceased alive on	and that in (my) (out) opinion death occurred on the dat			
	ond haur and fram the causes stoted obove. (1) (We) (did) (did)	riew the body after deoth.			
	23A. SIGNATURE	23B. DATE SIGNED			
	Court Cumps Degree Phy	ending Med. Staff Director Phys. D			
	NAME (Type)	23D. ADDRESS			
	Dr. Louis F. Klimes	4814 Bowleys Lane			
24 A	BENOVAL (Secretary of CR	EMATORY 24D. LOCATION (City, town, or county) (State)			
	REMOVAL (Specify) Burial 12/2/69 Holy Redeemer	Cemetery Baltimore, Md.			
25A	DATE REC'D BY HEALTH DEPT. 25B NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS			
	DEC 2 1969 Role & Jak. R.A.	Schimunek Funeral Home, Inc.			
	AMA WINDOW SALES OF THE PROPERTY OF THE PERSON OF THE PERS	a 3831? Brehms Lane			



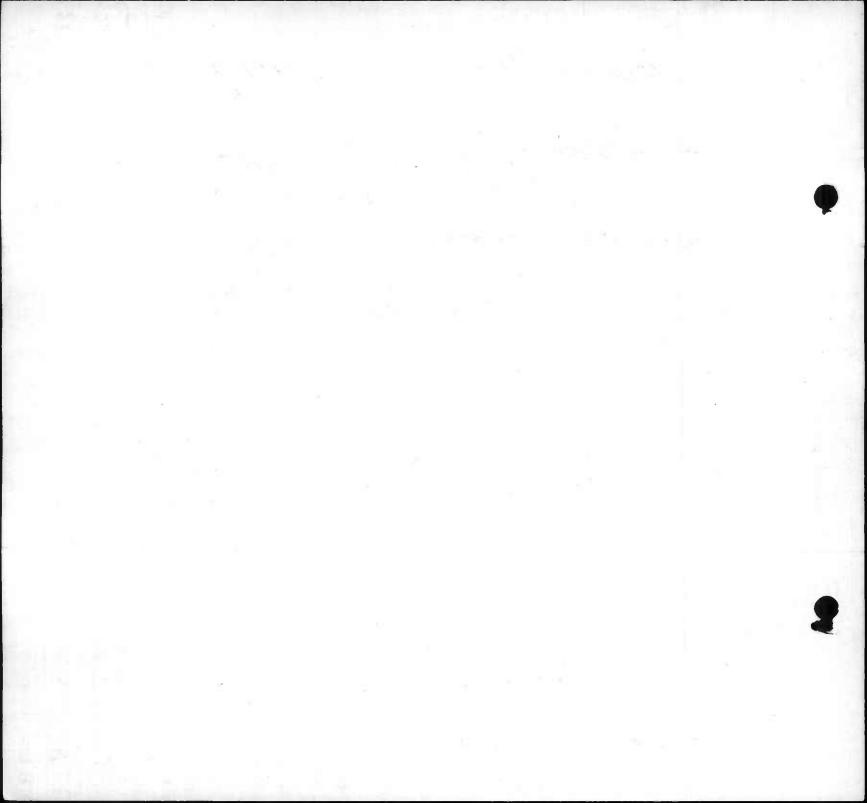
FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	H-520 69 118	Y REG. NO.	69 11855						
	NAME OF DECEASED	CERTIFICA	TE OF DEATH						
	Type or Print) SUE HAL	NES	2. DATE AL	DI HOUR OF DEAT	13:401				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived. II	institution: residence before odmission)				
	FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	C. CITY OR TOWN	WARD	ISIDE CITY LIMITS?				
	UNIVER MQ. HOS	P.	E. STREET AND NUMBER	2174	YES NO NO				
	SEX 6. RACE 7. sea	DOUGH TO MENUED WARRING TO	8. DATE OF BIRTH 9. AGE (in years 1 if Under 1 Ye. If Under 24 Hz						
		RRIED NEVER MARRIED DIVORCED DIVORCED	10/15/10	last birthdoy)	if Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
	OA. USUAL OCCUPATION (Give kind of work 10B, KI)		11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?				
	one during most of working life, even if retired)	NONE	MD		1101				
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	- DOM				
	KOBERT CRO.	53	KINDA	KAL	NES				
	5. Wes Deceesed Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of ser	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT	.0.07	ADDRESS _				
	No	DIENE	Robert Cass	126	MAIN SE				
	18.033,01	CAUSE OF DEATH	Nepro I Ches	5 /2/	APPROXIMATE INTERVAL				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		. 10111	0.0.	BETWEEN ONSET AND DEATH				
	(This does not mean the made of dving	(A) IMMEDIATE CAU		TRACHE	1715 2 CAYS'				
	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: BORDATELLA FERTUSSIS								
	ANTECEDENT CAUSES								
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF								
	nise to the above cause (A) stating the UNDERLYING CONDITION last. (C)								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING NAL							
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208 18 756 3458	Chiphot Considers				
	19A-DATE OP OPERATION 19B CONDITION WAS PERFORMED		VES	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?				
-111	21A ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off	or about 21C. WHERE DID	(If in Boltima	ore City, give exect location)				
	DEATH (notify medical examiner)	etc.)	ice sings, indokt OCCOR						
	21D-TIME (Month) (Doy) (Year) (Houd) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?					
11.	[APPROX.]	While At Work Not While At Work	□	. 0	/. //				
	22. I certify that (I) (this hospital) attended the degeased from 1///6 1967 ta 1//21								
	that (1) (we) lost sow the deceased alive on 11/21 19 ond that in (my) (our) opinion death occurred on the date								
	and hour and from the causes stated abay	ve. (1) (We) (did) (d id not) vi	ew the bady after death.						
	23A SIGNATURE	23B, DATE SIGNED							
	23C. PHYSICIAN'S	11/21/69							
1	23C.PHYSICIAN'S NAME (Type)	23	3D. ADDRESS						
2	A- BURIAL CREMATION, 248, DATE 124	C. NAME of CEMETERY OF CREA	AAZONY						
	REMOVAL (Specify)	6+11	AAIURT 24D. LO	CATION IC	ity, town, or county) (Stote)				
2.	DURIN 11-14-67	DI YCHNS	25C FILMERAL DIRECTO	110011 6:4	y Howard, Md.				
	DEC 2 1969 E E PAGE	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	5/2.4	Ellicati E. Ty, Mid.				
V	150-REV. 1/1/6B		Higinoo From	MACK	7, 10.				

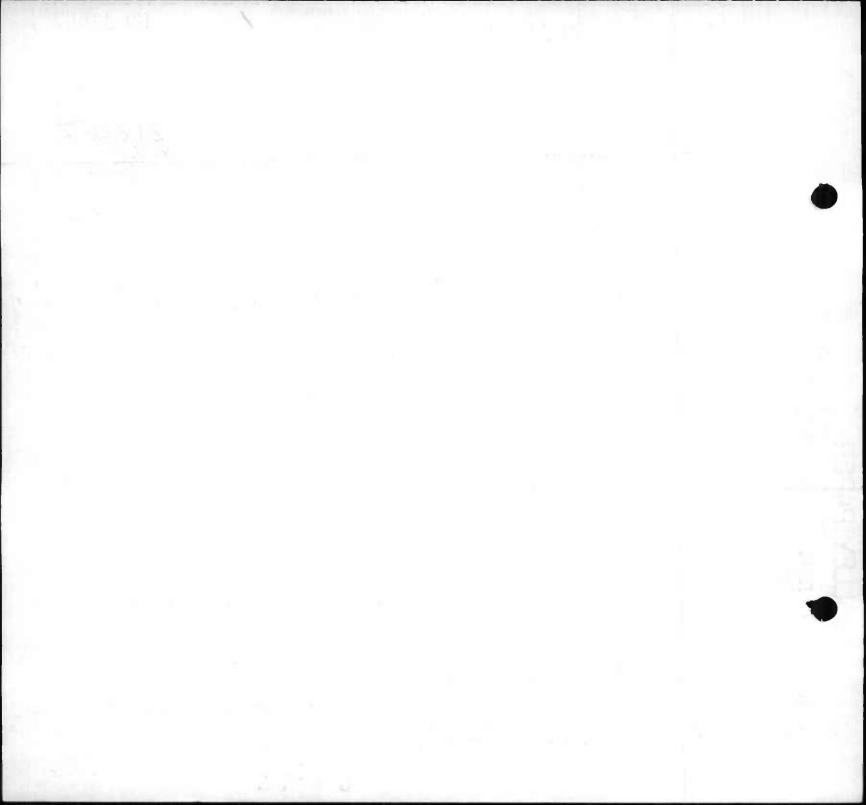
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular ottendance on the deceased prior to death. Such written approval must be obtained before the remains are embolmed or final disposition is made. the body was released to the hospital by a medical exominer. Also, if the direct or contributing couse of death shows: (1) An occident of ony noture; (2) Body burns; (3) A fracture of ony kind; (4) Undetermined couse; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	1 005 00 110	BALTIMORE CITY	HEALTH DEPARTMENT	00	44050			
	L-235 69 118	OF CERTIFICA	CERTIFICATE OF DEATH REG. NO. 69 1185					
	I.NAME OF DECEASED	1 -	2, DATE AND	HOUR OF DEATH				
	3. PLACE IN BALTEMORE MARYLAND, WHERE PRO	A L	4. USUAL RESIDENCE (Where	3-69 7.20 am	M.			
			A. STATE B. COUNTY		2 5 2 2			
	FULL NAME OF (IF NOT IN HOSPITAL OR INS	STITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CITY I	LIMITS?			
	INSTITUTION LuthERAN, H	BALTIMORE YES D NO [
	46 730 AShbuk	ton St.	E. STREET AND NUMBER					
	5. SEX 6. RACE 7. MADDI	md 21216	B. DATE OF BIRTH 9.	AGE (In years If Und	er 1 Yr. If Under 24 Hrs.			
	I White WIDOW	DIVORCED	3-28-88 "	SI Months				
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	n country) 12. CIT	IZEN OF WHAT COUNTRY?			
	HOUSE WIFE AV	TomE.	MARY/AND U.S.					
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E				
	15. Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS , /			
	(Yes, no or unknown) (If yes, give wor or dotes of service	security No.	NO/SAN W	hito 1057	Wilmington			
	11B.	CAUSE OF DEATH	110/3011 -11/	TITC DE	APPROXIMATE INTERVAL			
	DISEASE OR CONDITION DIRECTLY		0	0 0 0 - 0 -	BETWEEN ONSET AND DEATH			
	LEADING TO DEATH (This does not mean the mode of dying, e							
		heori failure, osihenia, etc. 11 means the disease,						
	ANTECEDENT CAUSES & acraosis + C.V.A.							
		DISEASES OR CONDITIONS, if any, giving (8) DUE TO, OR AS A CONSEQUENCE OF:						
	rise to the above cause (A) stating UNDERLYING CONDITION last.	(C)						
	7							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMING DISEASE OR CONDITION GIVEN IN PART 1 (A).							
	U 19A, DATE OF OPERATION 19B, CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDING	S CONSIDERED			
	T N		No.					
	OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)		(If in Boltimore City, gi	ve exoct location)			
	21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?				
	(APPROX.)	While At Work Not While At Work						
	22. I certify that (I) (this haspital) attended the deceased from 11 22 69 19 ta 11/23 1969.							
	that (1) (we) last saw the deceased alive a			t in(my) (our) opinian dec	oth accurred on the date			
	and hour and from the causes stated above	e. (I) (We) (did) (dId not) v	iew the bady after death.	122 P. D.A	TE SIGNED			
	Phastela			itaff	11/23/46			
	23C. PHYSICIAN'S NAME (Type) PR 41 MA K H	ASTA GIR	Director P	Hospitel	1. 101			
	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City, town,	or county) (State)			
	Bunial 11-26-69	Good ShaF	herd Ell	ICOTT C.T Ho	wand, prd			
-	25A. DATE REC'D BY HEALTH DEPT. 7 25D NAME OF REGISTRAR 25C. FUNERAL DIRECTOR PLANT ADDRESS MILE FILLS TO ADDR							
4	VS 150-REV. 1/1/68	6900	0 8 4 6	2	10431			



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE CITY HEALTH DEPARTMENT											
BIRT	NO. OAU	69	1185	7 CERT	TIFICA'	TE O	DEATH	Reg	istered Na.	69	11857
1, N.	CASE NO.			A			2. DATE	AND HOU	R OF DEATH		
	e or Printl Chrus	niak	(ohn V.				30,	1969		10:45 P. M.
3. P	LACE OF DEATH IN	BALTIMORE,	MARYLAND			4. USUA A. STAJE	RESIDENCE (W	here deceas	sed lived, ti in	stitution; resid	lence before admission)
	ULL NAME OF	(If not in hospi	tet er instituti	on, give street		1	d	Sar	tun	we	033-00
	OSPITAL OR	oddress er lece	tion)		C. CITY OR TOWN ILL abiside city limits, write RURAL end give townsh					ve township)	
	48		0 01		D. STREET ADDRESS ((If rurel, give locotien)					212	7
	Maryland	Genera	LL Ho	spital		16	04 5	un	mil	for	
5. \$	6. RA	CE	7. MARR WIDO	HED, NEVER MARE	SIED (specify)	B. DATE (9. AGE lost birth		If Under 1 Menths Do	Yr. If Under 24 Hrs. Hours Min.
	dumn mest of werking			OF BUSINESS OR	INDUSTRY	11. BIRTH	PLACE (Stete er fe	ereign count	iry)	12. CITIZEN	COUNTIA
denie	Bake	N	" 3	aken	1		lary	lan	1		377
13. [ATHERS NAME	0.1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1/		14. MOTI	IER'S MANDEN	AME	· · · · · · · · · · · · · · · · · · ·	1.	
	Harr	1 (hr	1151	riak		71	MA DY	1111	m	skr	
15, V (Yes	Ves Deceased Ever	n U. S. Armed	Ferces? letes of servi	1 6. SOCIAL SECURITY		17. INFOR	MANT	7		A	DDRESS
	NIT			318-28		TRO	mces Ch	reshi	ak 11	604 5	ummit 1/40
	IB.	XIX	199	0	CAUSE OF	DEATH				IN:	TERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						nomia	. any	matio	n d	aus-WR.	
	(This daes not meon the made of dying, e.g., heort foilure, asthenia, etc. It means the disease, injury or complication which coused death.)										
	ANTECEDENT CAUSES (B)										
	DISEASES OR C	ONDITIONS,	if ony, giv		UE TO						
	rise to the obove cause (A) stoling the (C) UNDERLYING CONDITION last.										
	3110211110 00	11									
N O	OTHER SIGNIFICAN				-	1.	-1./	+			7 mana Da
AT	TO THE DEATH	DITION CAUSIN	G IT.	4010			ridely 1		pnn	romy	1 WOWINS
ERTIFIC	19A. DATE OF OPER		ONDITION F	OR WHICH OPERA	TION	20 A. A	UTOPSY? (Yes or	IN C	F/ YES, WERE	FINDINGS COUSES OF DE	ONSIDERED ATH?
C	21 A. ACCIDENT W. OR CONTRIBUTING DEATH (netify medic	CAUSE OF		21 B. PLACE OF IN heme, ferm, fecter etc.)	JURY (e.g., in y, street, eff	er ebeut fice bidg.,	21C. WHERE DID		(If in Beltimere	B City, give e	exect tocetien)
	21 D. TIME (Mer	nth) (Dey) (Ye	or) (Heur)	21 E. INJURY OCC	URRED		21F. HOW DID I	NJURY OC	CUR?		
2	OF INJURY (APPROX)			While At	Net While	· 🗆					
	22. I certify that	(1) (this hospi	tal) attenda			100.		19 69	ta No	10, 30	1969,
							69 and				
1	that (I) (we) last saw the deceased alive an Nov. 30 19 69 and that in(my) (aur) apinian death accurred an the date and haur and from the causes stated above. (I) (We) (did) (did not) view the body after death.										
1 1	23A. SIGNATURE									23 B. DATE	SIGNED
	8	han-Hu	ang 1	Chin	M.D. Atter	nding	Med. Director	Steff Phy s.		Nov.	30,1969.
	23C. PHYSICIAN'S NAME (Type)		1		2	3D. ADDI	ESS				
					M.D.	mo	un land	Gens	roel 1+	10 sp . 1.	3altimore
24A	BURIAL CREMATIC		240	C. NAME OF CEME	TERY er CRE	MATORY	24D.	LOCATIO	N (Ci	ity, tewn, or o	ceunty) (Stete)
	Dura (12-4-	69	Holy K	sany (ome	7	Bul	tound	e Men	y hel
25A	DATE REC'D BY H	CALTH-DERT.	25 - NA	HE OF REGISTRAR	. 1	250	UNERAL DIRECT	OR O	121,	Clase	ADDRESS
	1EU & 130	المعروبات ال	10	7 0 (3 17	alb	194	irent	1411	- 76 37	recipie,
VS 1	50-REV. 1/1/65				41	0	**	4			



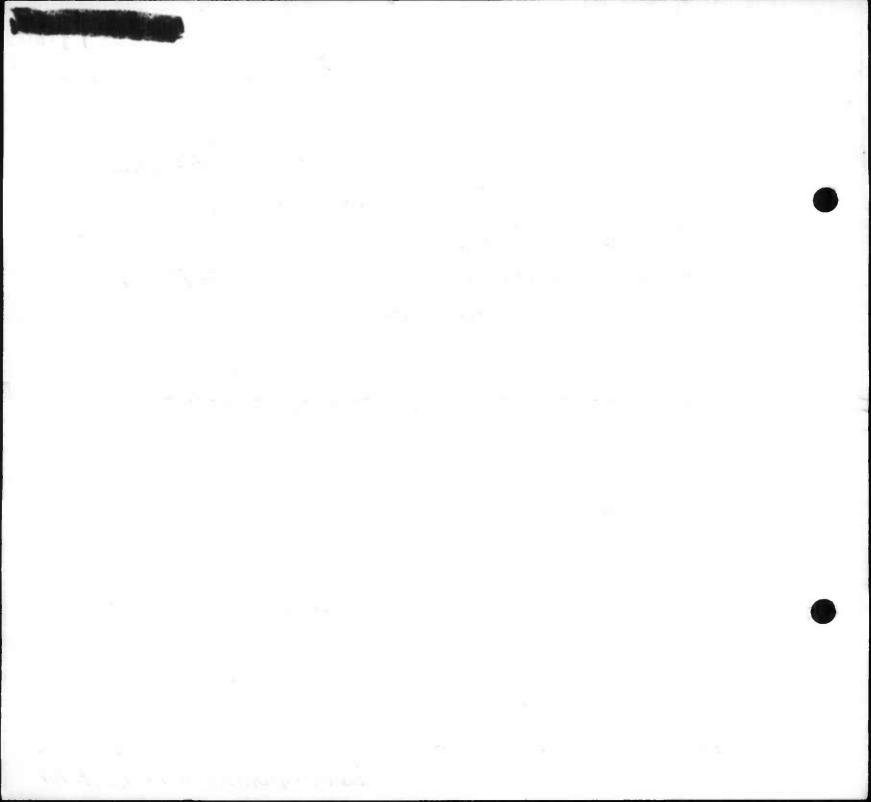
FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BIR	- 200 RTH NO 57-03		11858	BALTIMORE CITY CERTIFICA	HEALTH DEPARTME		REG. NO	69	11858	
	Pe or Print)	2. DATE AND HOUR OF DEATH								
3.	PLACE IN BALTI	NOVEMBER 22, 1969 7:55PM M. 14. USUAL RESIDENCE IN Deceased lived. Il institution: residence before admission)								
II HO	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION			MARYLAND HOWARD COUNTY C. CITY OR TOWN D. INSIDE CITY LIMITS?						
	40	ST. AGNE CATON & BALTIMOR	WILKEN	SAVES	ELLICOTT E. STREET AND NUM 9154 WIND	BER	WAY	YES] ио [
111	FEMALE	WHITE		NEVER MARRIED	8. DATE OF BIRTH 02 12 69	9. las	AGE (In years birthday DNT)	If Und Menths	er Yes if Und	der 24 Hrs. Min.
		orking lile, even if retired)	IOR KIND OF	BUSINESS OR INDUSTRY	MARYLAND	or foreign	country)	12. CIT	S.A.	
13.	FATHER'S NAM	E			14. MOTHER'S MAIDE	N NAME				
	EMORY M	. LESHO			MARJORIE	DETTI	LING			
15. (Ye	Wos Deceased E s, no or unknown) (ver in U. S. Armed For If yes, give wor or dote	es? s of service)	1 6. SOCIAL SECURITY NO.	17 INTO DATA AND		BALTO M	1D .	ADDRESS 2	1229
	No			NONE	ST. AGNES				TON & W	ILKENS
	18. 74	6,41		CAUSE OF DEAT	1				APPROXIMATE BETWEEN ONSET	
	DISÉASE	OR CONDITION DIN	ECTLY							
	(This does not	mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF			***************************************		
	injury of complication which coused death.) FEVER UNKNOWN ORIGIN.									
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DISEASES OR CONDITIONS, if any, giving									
	DISEASES OR	A CONSEQUENCE OF:	helfiedes		· *************	A				
	UNDERLYING CONDITION lost. (C)									
ATION	TO THE DEATH	II ANT CONDITIONS CONBUT NOT RELATED TO THE NOT PARTITION OF THE NOTE OF THE N	E TERMINAL	***************************************				***************************************		************
FE	19A-DATE OF C	OPERATION 198 CONI WAS PERF	ORMED	HICH OPERATION	YES	or No) 2	OB. IF YES, WERE	FINDING:	CONSIDERED DEATH?	
11	21A. ACCIDENT OR CONTRIBUT DEATH (notify in	WAS UNDERLYING DING CAUSE OF nedicol exominer	21 B. home	PLACE OF INJURY (e.g., in s, farm, factory, street, of	or obout 21 C. WHERE I fice bldg., INJURY OCC	DID UR7	(If In Boltim	ore City, gl	ve exoct locotion)	
MEDICAL	21 D. TIME (OF INJURY (APPROX.)	Month) (Doy) (Yeor)		INJURY OCCURRED Not White At Work	21F. HOW DI	ID INJUR	Y OCCUR?			
3	22. I certify ti	hat (X) (this hospital)		e deceased from N	OVEMBED E	19	60 to NOV	EMPE	22 1	9_60-
	that ()((we) I	ast saw the decease	d alive on	NOVEMBER 2	1960 0	and that	in (my) (aur) or	inion dec	oth accurred ar	the date
that () (we) last saw the deceased alive on NOVEMBER 22 19 0 and that in (ny) (aur) opinion death ac and haur and fram the causes stated above. (1) (We) (did) (d) (1) (1) (1) (1) (did) (d) (1) (did) (d) (d) (d) (d) (d) (d) (d) (d) (d) (
23A. SIGNATURE Attending Mec Phys. Directors Attending Directors							#. Ø	23 B, D A	TE SIGNED	69
	23C. PHYSICIAN NAME (Typ	SEE	GAR		CATON & WI			BALT		
244	REMOVAL (Sp.	ATION, 248. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY	24D. LOCA	ATION (C	City, town,	or county)	(Slote)
	Bunial	11-25-1	19 5	Thouis		CAA	e Ksuille	- Ho	word	port
25A	DATE REC'D B	Y HEALTH DEFT.	25B NAME O	F REGISTRAR	25C. FUNERAL DIR	ECTOR	5/2 1	1	ADDRESS .	Ty md
VS	150-REV. 1/1/68		Q (9 (1)	17418601	100 -	1/AC/C	4	21013	7. 3

il souths a fee the spin in 2 . . PARTY AND THE RESERVE AND THE

L-5777 | 0 =



	1/	CO 44 COO BALTIMORE CITY	HEALTH DEPARTMENT
2 t 2 6 t	BIR	5-435 69 11860 CERTIFICA	TE OF DEATH REG. NO. 69 11860
and eat ase th th Suc		NAME OF DECEASED ype or Print) (2. Date and hour of Death 11/27/69 12:40 a
f d f d on ece h.		PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	M.
hospita ise of (5) Dec ance o death.	3.	PLACE IN BALLIMORE, MARILAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, If institution: tesidence before admission) A. STATE B. COUNTY
	FU	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. 27-06 C. CITY OR TOWN D. INSIDE CITY LIMITS?
in a ho ng caus cause; (; attenda ior to d	IN:	ISTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO
ting d cau r att r att prior		Mercy Hospital, Inc.	E. STREET AND NUMBER
ar ar be de.	=		2101 Walshire Ave. #2/2/4
occur intrib rrmin egulo ased	5. 5	to the tate	8. DATE OF BIRTH 9. AGE (in yeors of Under 1 Yt. 16 Under 24 Hrs. Months Doys Hous Min.
00 - 0 -	10A	MOLE WILDOWED DIVORCED A. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY	0/
det det	don	ne during most of working life, even if refired} Insurance Salesman	New York City, N. Y. USA
de Un Un as	13.		New TOTA OTCY, N. 7. USA
direct direct f, (4) l th we on the		Sigmund Goldner	Sarah Buchwald
istant the di kind; death ce on nal di	15.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
ssista the kind dean ince final	(16:	ss, no or unknown) (if yes, give wor or dates of sorvice) SECURITY NO.	Riverside Memorial Chapel, Bronx, New York
if if in it is in it	-	18. 4. CAUSE OF DEATH	
den + 0		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1-053
3 d o o b E		(This does not meon the made of dying, e.g., (A) IMMEDIATE CAU	SE SPACE MA - CGF 3 A CONSEQUENCE OF:
er. ctur pron		heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	Cays
fra fra		ANTECEDENT CAUSES	erenoma
xami xami) A fr who reg		DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS niso to the above cause (A) stating the	A CONSEQUENCE OF:
3 (3 e in s		UNDERLYING CONDITION task (C)	***************************************
medical medical burns; physicia an was remain	z		// 2 - 1
~ ~ ~ ~	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	woendtoses fruery in ling
chief a n Body the p ysicie	IFIC,	19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSYS (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
~ ~ ~ ~	CERTIFIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	NO
+ n · 0 0	1	OR CONTRIBUTING CAUSE OF	ice bldg. INJURY OCCUR? (If in Boltimore City, give exect location)
by Why	2	21D. TIME (Manth) (Doy) (Yeon (Hour) 21E, INJURT OCCURRED OF INJURT	21F. HOW DID INJURT OCCUR?
hosinatu natu (6)	X	(APPROX.) While At Not While Work At Work	
proved the horny nat except and (6		22. I certify that (1) (this haspital) attended the deceased fram.	11-25-19 69 ta (1-27-19 69
0.00		that (N (we) last saw the deceased alive an [1-27	
4-00		and haur and from the causes stated above. (i) (We) (did not) vi	
dent dent ospit deat must		28A. SIGNATURE	23R. DATE SIGNED
- U.S. C. A.			nding Med. Staff Phys. (1-27-69
was r An a L at prior		PANE (Type)	Many Manital
	24A	A BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (State)
body ws: (1 % D.O.		A. BURIAL GREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRES REMOVAL (Specify) Removal-Burial 11/12/1969 Beth EL	
	25A	A. DATE REC'D BY HEALTH DEPT 258-NAME OF REGISTRAR	Paramus, New Jersey 25C. FUNERAL DIRECTOR ADDRESS
This the show	D	IEC 2 1969 52828 E. NEBE, M.D. 9 0 0	Sol Levinson & Bros. 6010 Reisterstown Road
,	VS	150-REV. 1/1/6B	

(

FUNERAL DIRECTOR:

examiner.

was released to the hospital by

shows: (1) An accident of any

the body

D.O.A.

This certificate must be approved by

A = 200 0	0 44064	BALTIMORE CITY	HEALTH DEPARTMENT	Y	69 11961
M- DOLO D	9 11861	CERTIFICA	TE OF DEATH	REG. NO.	09 11801
1. NAME OF DECEASED (Type or Print)	MAX AM	1 A \$ \$	2. DATE A	ND HOUR OF DEATH	4:30 PM
3. PLACE IN BALTIMORE, MARYLAN	ND, WHERE PRONO	UNCED DEAD	IA. STATE B_COUL	BALTIMORE	stitution: residence before admission)
FULL NAME OF (IF NOT IN H HOSPITAL OR ADDRESS OR	OSPITAL OR INSTIT	UTION, GIVE STREET	MARYLAND		00-00
INSTITUTION			BALT I MORE	D. INSI	YES NO
THE JOHNS HOP	KINS HOSE	PITAL	27 STONE H	ENGE CIRCL	E, STEVENSON
S. SEX 6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In Veors	If Under Tr. Munder 24 Hrs.
MALE WHITE			april 3, 1905	lost birthday) 64	Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kind done during most of working life, even if re		BUSINESS OR INDUSTRY	11 BIRTHPLACE (Stote or fore	eign country)	12. CITIZEN OF WHAT COUNTRY
SALESMAN		IMPROVEMENT	BALTIMORE, M	IARYLAND	USA
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
ISAAC AMASS			SARAH SOB	ELL	
S. Was Deceased Ever in U. S. Arm Yes, no or unknown) (If yes, give wor	ed Forces? or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	6219	ADDRESS
			MR. CHARLES AM	IASS, XXXX RO	BIN HILL ROAD #07
18. 2 0 3 X I		CAUSE OF DEAT	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITIO			SENC		7 (
(This does not mean the ma	de af dying, e.g.,		ISE SEPS!	3	3 days
heart failure, asthenia, etc. It r injury ar camplication which c					
ANTECEDENT CA	USES	(8)	MULTIPLE MY	ELOMA	2 worths
DISEASES OR CONDITIONS		DUE TO, OR AS	A CONSEQUENCE OF:	• • • • • • • • • • • • • • • • • • •	
rise Ia the above cause UNDERLYING CONDITION Ia		(c)			
_ 11					
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN 198. DATE OF OPERATION 198 WA	D TO THE TERMINAL	R	ENAL FAIL	LURE	2 worths
DISEASE OR CONDITION GIVEN	IN PART 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE F	FINDINGS CONSIDERED
E 2	S PERFORMED		NO VES	IN CERTIFYING CAL	
OR CONTRIBUTING CAUSE OF CEATH (notify medical examined)	F 21B	ne, form, foctory, street, o	n or obout 21 C. WHERE DID	(If In Baltimore	e City, give exoct location)
21D. TIME (Month) (Doy)	(Yeor) (Hour) 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
S OF INJURY	Wh	ile At Not Whil	е		
22. I certify that (I) (this he			11/3	19 C 1 to	11/25 1969
that (1) (we) lost saw the de		11/45	10	1	nion deoth occurred on the dot
and hour and from the cause	s stoted obove. (l) (#e) (did) (did not) v			
23A. SIGNATURE			,		23 B. DATE SIGNED
	Veete h	DEGREE Phy		Staff Phys.	11/25/69
23C. PHYSICIAN'S NAME (Type) J. R.	NEEFE	JR. DEGREE	THE JOHNS	HOPKINS HO	SPITAL
24A. BURIAL CREMATION, 24B. DA	24C. N	AME of CEMETERY OF CR	EMATORY 24D.	LOCATION (Cit	ty, town, or county) (State)

ANSHE SFARD

GERMAN HILL

301 BLEVINSON & BROS. 6010 Reisterstown Rd.

ROAD, MARY LAND

BURTAL 11-27-69 OHR KNESSETH

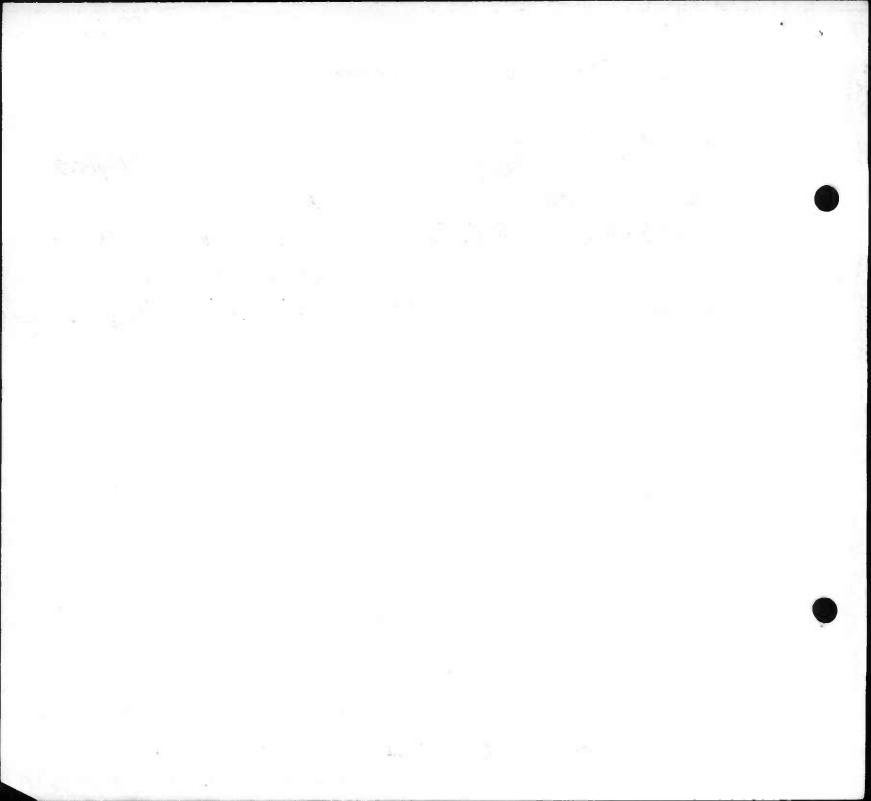
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

DEC 2 1969 Cabell & Table M. 0 VS 150-REV. 1/1/68

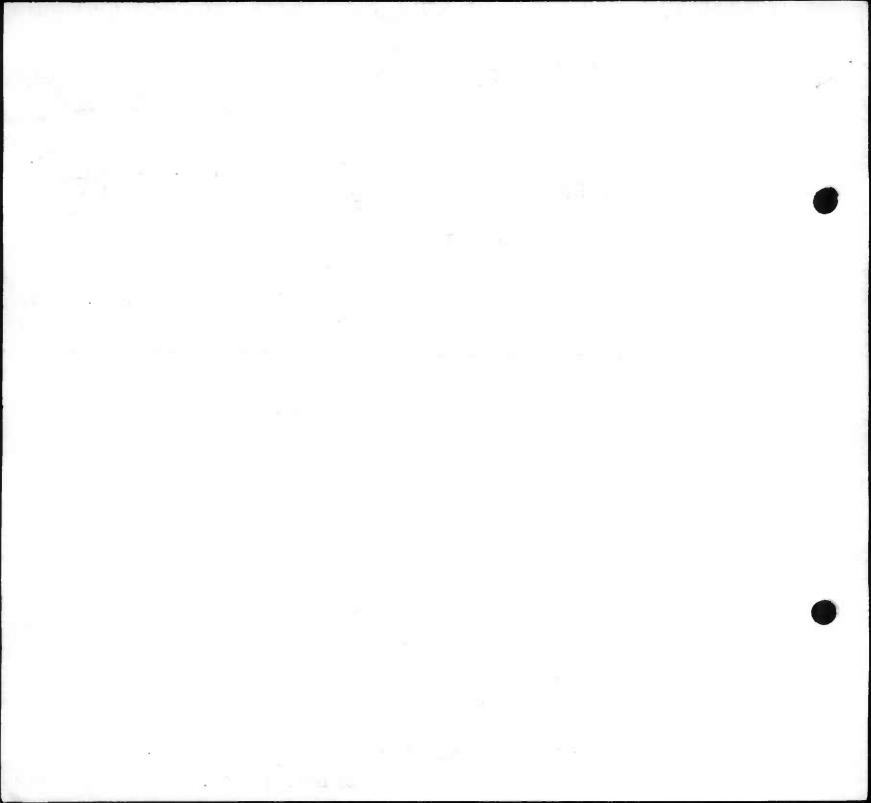
ti di di managia 25636 Markinski myr cyna 2 co cy Frank Strain Strain un 297 déi 7 4 23 7411 DATE OF THE PARTY

ちの変がかってんと、おおい

O-426 69 11862 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 69 1186	2
BIRTH NO. I. NAME OF DECEASED CERTIFICATE OF DEATH REG. NO. OS 1180	
(Type or Print) 2. DATE AND HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before a	P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before of the country of the cou	dmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MB Balt. City, 28-6	4
D. INSIDE CITY LIMITS?	
E. STREET AND NUMBER	
2 University Nospital 3/3 Edsdale Rd #29	>
Idea Monthst Dovs Hours	24 Hrs.
MALE COCCUMITE WIDOWED DIVORCED 4-71-87 80	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT C	OUNTRY?
done during group of working life, even if refired) TICKET ROOM WAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	7
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN	
Marchen Cue Ole Ker	
15. Was Deceased Ever in U. S. Armed Forces? 116. SOCIAL 117. INFORMATION	
WXXXXXXXXX	
18. CAUSE OF DEATH SPROXIMATE IN	#29
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH BETWEEN ONSET AN	
(This does not meen the mode of dying, e.g., (A)!MMEDIATE CAUSE	
heort foilure, asthenie, etc. It meens the disease, injury ar complication which caused death.	
ANTECEDENT CAUSES Caremonatases of perulined count	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	
ise to the above couse (A) stoling the UNDERLYING CONDITION lost. (C) Carring of prevereus.	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING F TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B- CONDITION FOR WHICH OPERATION WAS PERFORMED 20A-AUTOPSY? (Yes of No.) 19B- CONDITION FOR WHICH OPERATION WAS PERFORMED 20A-AUTOPSY? (Yes of No.) 10B- CONSIDERED 10B- CONSIDERE	
218. PLACE OF INJURY le.g., in or obout 21C. WHERE DID (It in Boltimore City, give exect location)	
DEATH (notify modicol exomine) etc.)	
OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
X (APPROX.) While At Not While At Work	
22 1 1 1	19
that (1) (we) last saw the deceased office on 11-26-6919 and that (n (my) (our) opinion death occurred on the control of the c	
and hour and from the couses stated above. (1) (We) (did not) view the body after death.	ne agre
23A. SIGNATURE 23B. DATE SIGNED	
Attending T Med T Shift TO	16
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	4/
	_ /
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)	Stote)
BURIAL 11-30-69 ANSHE EMUNAH AITZ CHAIM WASHINGTON BLVD. MARYLAND	
DEC 9 1000 50 4 6 2 0 14 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-
VS 150-REV. 1/1/68	LROAT



L-200 69 1	7.06.2	HEALTH DEPARTMENT ATE OF DEATH REG. NO	69 11863
BIRTH NO. 1. NAME OF DECEASED	CLITTICA		
(Type or Print) LOUIS M. LA	SVV	2. DATE AND HOUR OF DEATH	9/91 7006
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If ins	titution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL CHOSPITAL OR ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	Terrelex Gardenx XIX	ARYLAND XXX 13-61
O-015 Wisheld	OH Reltinger	Balto.	YES NO
Svery hosping	e of mention	E. STREET AND NUMBER TE	MPLE GARDEN APTS.
42	U		908 #21217
mill DXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years last birthdoy) 9	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IDA. USUAL OCCUPATION (Give kind of work 108, done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA EE (State or loreign country)	12 CITIZEN OF WHAT COUNTRY?
TEACHER -	EDUCAT T ON	- Bally.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	_ usn
ISRAEL LASKY		REBECCA POTLOCK	
15. Was Deceased Ever in U. S. Armed Forces?	1 6- SOCIAL	17 INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor at doles of	SECURITY NO.	2601 MADISON AVI	ENUE, API. 908 #17
18.	CAUSE OF DEAT	Mrs. Tose Lasky.	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECT			BETWEEN ONSET AND DEATH
LEADING TO DEATH	CAMPAGE CAL	ISF Heart Failme an	-el
(This does not mean the mode of dyin heart failure, asthenia, etc. It means the	0. 6.0.	A CONSEQUENCE OF:	34
injury or complication which caused deat	1.)	1	
ANTECEDENT CAUSES	(B) /SE	regiona Pentic Mech	
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stati	giving DUE TO, OR AS	A CONSEQUENCE OF	
UNDERLYING CONDITION last	(C)		
_ 11			
OTHER SIGNIFICANT CONDITIONS CONTRIB	MINIAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A	1.	120.6	•••••••••••••••••••
O OTHER SIGNIFICANT CONDITIONS CONTRIBE TO THE DEATH BUT NOT RELATED TO THE TEP DISEASE OR CONDITION GIVEN IN PART 1 (A PART 2) 19A-DATE OF OPERATION WAS PERFORM 21A-A CIDENT WAS UNDERLYING	ED Blood Pil to	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
U 21A. A CIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., i	or obout 21 C. WHERE DID	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	hame, farm, factory, street, al	fice bldg., INJURY OCCUR?	ony, give exect teceston)
Q 21D. TIME (Month) (Day) (Year) (Ho	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURY (APPROX.)	While At Not While	· 🗆	
	Work At Work		
22. I certify that (this hospital) atte		19 69 to 10	
that (A)(we) last saw the deceased all			an death accurred an the date
and have and from the causes stated al	oave. (H) (We) (did) (did, v		
23A. SIGNATURE	4.		3R DATE SIGNED
22C BHYSICIANS	DEGREE Phys	Director - Phys	
23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS	the & Butte more
KANTORNA	KITAYAKI DEGREE	4 Sunai Hospi	the of pulling
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City,	town, or county! (Stole)
BURIAL 11-30-69	ANSHE EMUNAH-AT	TZ CHAIM W&SHINGTON BLV	D., MARYLAND
DEC 2 1969 F. S. J.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
שבט מיייים וויייים ווייים וויים ווייים וויים ווייים ווייים וויים וו	3.00 M. ()	O SOL DEVINSON & BROS. 6010	REISTERSTOWN ROAT
/S 150-REV. 1/1/68			



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
This certificate must be a the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death) written approval must be

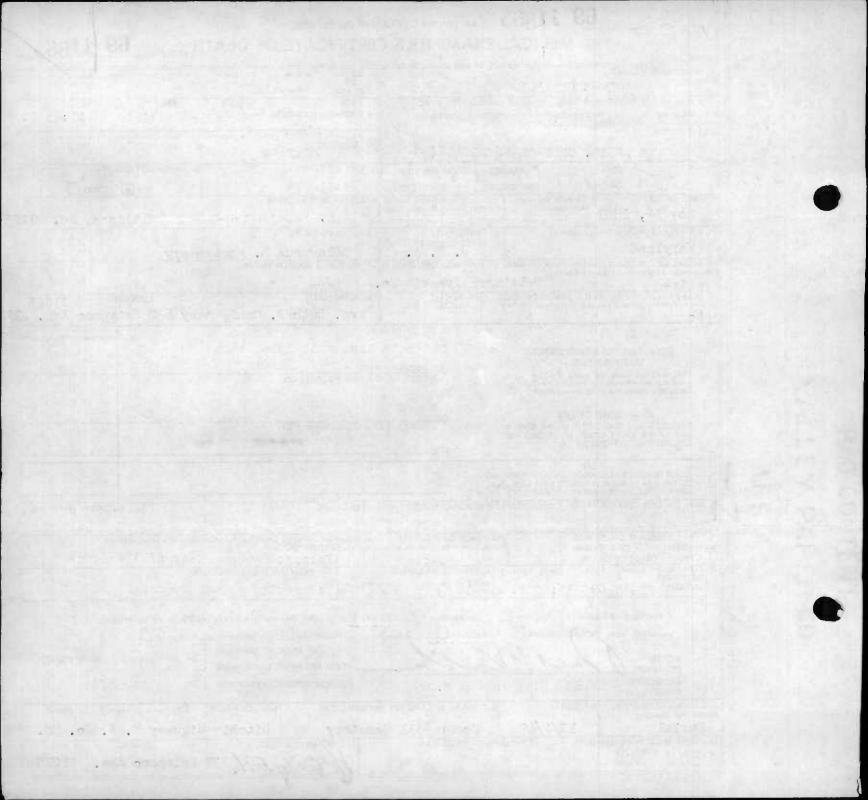
BALTIMORE CITY HEALTH DEPARTMENT 69 11864 REG NO CERTIFICATE OF DEATH BIRTH NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) SARAH KOPPELMAN NOVEMBER 29. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decoased lived, If institution; residence before admission) B. COUNTY A STATE (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET IARY LAND FULL NAME OF HOSPITAL OR C CITY OR TOWN D. INSIDE CITY LIMITS? RALTIMORF No [YES X PLEASANT MANOR NURSING HOME E. STREET AND NUMBER 4013 ROSECREST AVENUE #21215 5. SEX If Under 1 Yr. Months! Doys If Under 24 Hrs. 6. RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy Hours WHITE WIDOWED DIVORCED FEMALE 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most all working life, even if retired) HOUSEWIFE HOME RUSSIA USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LOUIS SAPP BESSIE ? 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. MRS. ANN GLAZER, 4013 ROSECREST AVENUE #15 no no CAUSE OF DEATH APPROXIMATE INTERVAL 18. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE hearl failure, asthenia, etc. It means the disease, injury or camplication which coused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost. (C)_ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) CERTIFIC 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work A1 Work 22. I certify that (I) (this haspital) attended the deceased from that (I) (we) lost saw the deceased alive on ond that in (my) (our) opinion deoth occurred on the dote ond hour ond from the causes stated above. (i) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23B. DATE SIGNED Attending X Med. Staff Phys. Director L 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 6610 CROSS COUNTRY BLVD. DR. MAURICE FELDMAN DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify)

CHAIN WASHINGTON BLVD., 25A. DATE REC'D BY HEALTH DEPT. DEVINSON & BROS. 6010 REISTERSTOWN ROAD VS 150-REV. 1/1/6B

· 8 . . Management of the control of the con

111865	BALTIMORE CITY HEALTH DEPARTMEN
1 77000	BALTIMORE CITY HEALTH DEPARTMEN

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	69 11885
BIRTH NC.	REG. NO.	00 11000
I. NAME OF DECEASED	2. DATE Known Month Day	Year Haur
(Type or Print) CLARENCE MONTGOMERY	OF DEATH Estimated	м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD November 29,1 5. USUAL RESIDENCE (Where deceased lived. If institution:	M.
SOUTH BALTO. GENERAL HOSPITAL (DOA)	A. STATE Maryland B. COUNTY	25.34
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
Male White WIDOWED □ DIVORCED □	Baltimore YE	s 🗓 NO 🗌
9. DATE OF BIRTH 10.AGE (in years If Under 1 Yr. if Under 24 Hrs. Months Doys Hours Min.		
Nov 12, 1903	632 E. Patapsco Avenue Bal	timore, Md. 2122
11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Maryland WHAT COUNTRY?	Clarence M. Montgomery	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME	
Retired Baltimore Transit Co	Dora ?	
16, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL		DRESS 21225
(Yes, no or unknown) (If yes, give wor or dales of service) SECURITY NO.	Mrs. Ruth B. Montgomery 632	Patapsco Ave. XX
19. CAUSE OF DEA		APPROXIMATE INTERVAL
Multiple	Traumatic Injuries	BETWEEN ONSET AND DEATH
LEADING TO DEATH		
(This does not mean the made of dying, e.g., (A)IMMEDIATE (DIETO OR	CAUSE AS A CONSEQUENCE OF:	
heart follure, osthenio, etc. It meons the disease, injury or complication which coused death.)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS IF ANY GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
Z ONDERCTING CONDITION EAST. (C)	***************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AC DEPENDING	OL AUTODOWN (Var as Na)
O D D D D D D D D D D D D D D D D D D D	AS PERFORMED	21. AUTOPSY? (Yes or No)
		yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 22B. PLACE OF INJURY (e.g., home, form, foctory, street, office	In or obout 22C. WHERE DID (If In Boltimore City, give exoce bldg., etc.) INJURY OCCUR?	t locotion)
☐ UTING ☐ CAUSE OF DEATH. Street	Patapsco Avenue West of	7th Street
OF INJURY (Monih) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX.) 11-29-69 11:00 P. m. WHILE AT WORK AT WORK	Pedestrian struck by car	
23.		
	topsy and that on this basis, death in my c	
resulted from: Natural causes Accident Suicio	de Hamicide Undetermined manner	
ACTUAL A bell/1/	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE / Paulo / Court With	ASSISTANT MEDICAL EXAMINER	DAIL SIGIALD
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER	11/30/69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town,	or county) (State)
Burial 12/2/69 Cedar Hill (Cemetery Ritchie Highway	A A Co Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		DRESS
DEC 2 1969 Sale E. Jaber, M.D.	M Cully Fil 237 Patapage	
VS 151-REV. 1/1/68	0 6 7 7	



FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT 69 11866 CERTIFICATE OF DEATH of death Deceased BIRTH NO. Such I NAME OF DECEASED 2 DATE AND HOUR OF DEATH (Type or Print) LO 30 hospital RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD ance B. COUNTY cause cause; (5) FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D INSIDE CITY LIMITS? attend HOPKINS HOSPITAL YES [NO prior E. STREET AND NUMBER contributing SHARON CIPELE Undetermined regular is mad)f Under 24 Hrs. 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. Months: Doys · MARRIED NEVER MARRIED eceased Hours lost birthdoy 0 WIDOWED 3 DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (State or foreign country) disposition done during most of working life, even if retired) CARPENT 13. FATHER'S NAME myre ŏ Was 4. MOTHER'S MAIDEN NAME the 4 Samuel White eath u o ADDRESS 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance 2410 N 0 CAUSE OF DEATH APPROXIMATE INTERVAL 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH à DA (A) IMMEDIATE CAUSE 1990 CAR (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, regular injury or complication which coused death.) ANTECEDENT CAUSES who are OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the <u>e</u> physician before the remains UNDERLYING CONDITION lost, Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 51 001 ACH (0) 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING 3 (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF hospital ° MEDICAL etc.) DEATH (notify medical examiner) nature; obtained (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY Not While (except While At (APPROX.) Work At Work and any 22. I certify that (1) (this hospital) attended the deceased from 19 69ond that in (my) (our) opinion death occurred on the date that (I) (we) last saw the deceased alive on... pe death) hospital and hour and from the causes stated above, (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending 0 Phys. approval 23C. PHYSICIAN'S 0 23D. ADDRESS prior to NAME (Type) 100 DEGREE 24A. BURIAL CREMATION, 24B. DATE CEMETERY OF CREMATORY 24D. LOCATION deceased the body was D.O. REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR VS 150-REV. 1/1/68

14 3 31

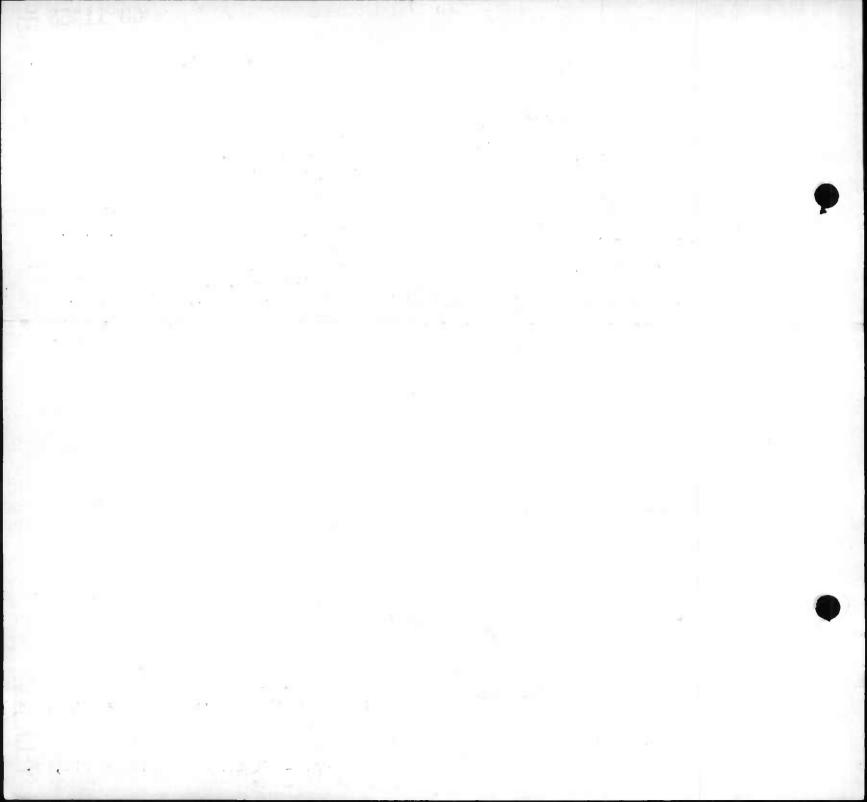
FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

CO 44 OCT BALTIMORE CIT	Y HEALTH DEPARTMENT 69 11867
BIRTH NO. 69 11867 CERTIFICA	ATE OF DEATH REG. NO. 03 11807
1. NAME OF DECEASED (Type or Print) SHAPIRO SAMUEL	2. DATE AND HOUR OF DEATH 11-30-69 13 am EST M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A, STATE B, COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
/ Schools Home	Betto YEST NO
91	Behrelie & Leenspring ave:
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH O - O - 9 5 9. AGE (In yeors 11 Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work)	Y 11. BIRTHPLACE (State or fareign' country) 12. CITIZEN OF WHAT COUNTRY?
Gament And	Russen USa
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Moores	Rose
15. Was Deceased Ever in U. S. Armed Forces? (Yes,na or unknawn) (If yes, give war or doles of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT FOODRESS, NY
NO	Dowing Shapero 75-14 173rd 51
18. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DNEUMONIA I MO.
(A)MMEDIATE CA (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease,	S A CONSEQUENCE OF:
injury or camplicalian which caused deolh.) ANTECEDENT CAUSES	16000
(B)	S A CONSEQUENCE OF:
	RONIC BIZMIN SYNDROME 104
_ 11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL V DISEASE OR CONDITION GIVEN IN PART 1 (A).	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
W NA ACCIDENT WAS UNDERLYING TO A 1919 BLACE OF INITIALY	, in or about 21C. WHERE DID (If in Baltimare City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) Contribution Cause of Cause of Cause o	, in or about 21 C. WHERE DID (If in Baltimare City, give exact location) office bldg., INJURY OCCUR?
D 21D. TIME (Month) (Day) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY	
(APPROX.) Work At Wor	7 30-60
22. I certify that (I) (this haspital) attended the deceased from that (I) (we lost saw the deceased alive on 1 29-6	5 19 and that in (my) (%) aplain death accurred an the date
ond hour and from the causes stated above. (1) (Ma) (did) (did not)	
23A. SIGNATUE	23B, DATE SIGNED
	ttending Med. Staff Phys. Director Phys.
23C. PHYSICIANS NAME (Type)	23D. ADDRESS JNai HOSPITAL
24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY of C	
REMOVAL (Specify)	REMATORY 24D. LOCATION (City, town, or caunty) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REDITRAR	25C. FUNERAL DIRECTOR ADDRESS
DEC 2 1969 Page & Jackey M. D.	1 The South Laws & Son 9610 Reisterstein Pole
VS 50. BEV 1/1/68	0.3

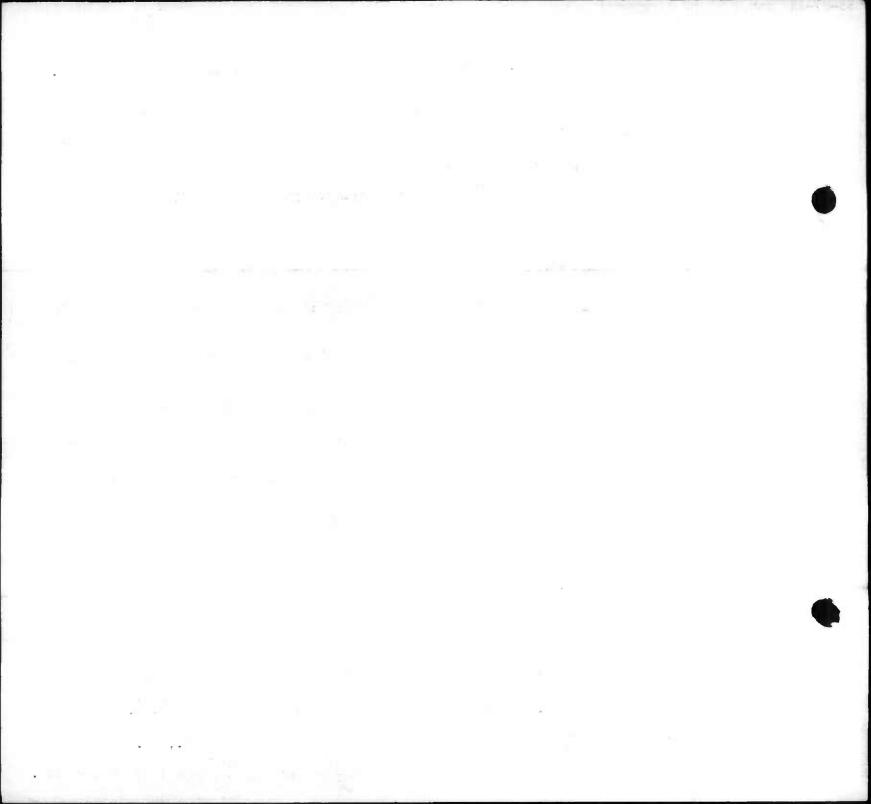
Last of the state

D	69 11868 CERTIFICATE OF DEATH X REG. NO. 69 11868	
of deat of deat Decease e on th ath. Suc	1. NAME OF DECEASED (Type or Print) SWAIN, HAROLD GORDON 2. DATE AND HOUR OF DEATH November 30, 1969 3:20 A	. M.
- (, 0	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmi	ssion)
a hos tause se; (5) ndane to de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION Veterans Administration Hospital Virginia C. CITY OR TOWN D. INSIDE CITY LIMITS?	
ting c d caus r atter prior t	3900 Loch Raven Blvd. Baltimore, Maryland 21218 Alexandria F. STREET AND NUMBER 9129 Patton Blvd.	
occurre ontribut ermine regular eased p	MILTE WILLE WILDOWED DIVORCED 7-20-36 33	4 Hrs.
th o col letel in re ecec	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COU	INTRY?
dea Und as i	Medical Tech. Alabama U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
rec (4) † * * * * * * * * * * * * * * * * * * *	Harold Swain Sr. Katherine Moody	
ssistant the di / kind; death nce on final di	15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) Ulf yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. Yes 11-30-53 to 10-29-57 263-48-1466 3900 Loch Raven Blvd., Baltimore, Md. 212	218
an)	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH SETWEEN ONSET AND 12 Hrs.	
Also Also e of noun atte	LEADING TO DEATH	
er. /	heort foilure, osthenio, etc. It meons the disease,	
fra fra em le m	ANTECEDENT CAUSES Brain injury with loss of frontal lodes 3 Months	5
exan exan (3) A an wh in re	DISEASES OR CONDITIONS, if ony, giving ise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C)	
medica edical burns; hysicia n was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
by a me 2) Body by re the phy physician fore the re	DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 204. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 105. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location)	
y the ital by e; (2) rhere No ph befor	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) OBECTION OF CONTRIBUTING CAUSE OF LOCATION (If in Boltimore City, give exact location) OBECTION OF CONTRIBUTION (If in Boltimore City, give exact location)	
hospi nature ept w d (6) I	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? White At Work 21 D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
approving to the off any of a control of a c	22. I certify that MX(this haspitol) ottended the deceased from August 6, 1969 to Nowember 30, 19 that MX (we) lost saw the deceased alive on November 30, 1969 and that in (Xy) (our) opinion depth occurred on the	e date
be not not pit pit pit sat	and haur ond fram the couses stoted obave. (4) (We) (did) (did Net) view the body after deoth. 23A. SIGNATURE 1/1 (SP)	
us ea ide ide hos d	Attending Med. Director Staff New Med. Director Staff New Med. Director New Me	
icate m was rel An acc A. at a l prior to	Paul Tecklenberg 3900 Loch Raven Blvd., Baltimore, Md. 212	18
E - C - T B	OEGREE	tote)
	Burial 12/3/69 Purdue Cemetery Troy Alabama 25A. DATE RECTO BY HEALTH-DERT. SEE NAME OF REGISTRAR 25C. FUNERAL DIRECTORY ADDRESS	
This the show was dece	EC 2 1969 Color E. Velley KD. 9 Eventy When ley Alexandria, V.	a.
	VS 150-REV. 1/1/6B	



sab This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body. As released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

3	R-200 69	1186	0	HEALTH DEPARTMENT		69 11869
	KIT NO.	2100	CERTIFICA	TE OF DEATH	1 /	
СТу		to C. R		2. DATE	AND HOUR OF DEATH	1 2.30A _M
3.	PLACE IN BALTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (V	Where deceased lived. II in	stitution: residence before admission)
H	JLL NAME OF (IF NOT IN HOSPI OSPITAL OR ADDRESS OR LOC ISTITUTION	TAL OR INSTIT	UTION, GIVE STREET	Maryland c. CITY OR TOWN	Balti	more
	Baltimore Cit		tals	Essex	D. INSI	YES NO S
1	4940 Eastern			E. STREET AND NUMBER	R	123 HOW
	Baltimore, Mar		21224	100 Ann Avenu	ie 21221	
	Male White	WIDOWED		8. DATE OF BIRTH 10-28-18 9 2	9. AGE (in years lost birthday) 87	Months Doys Hours Min.
10/	A. USUAL OCCUPATION (Give kind of wo	LIOB KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	loreign country)	12. CITIZEN OF WHAT COUNTRY
_	ne during most of working life, even if retired) Retired Foreman	Steel	Mill	Italy		USA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN		
16	Joseph Ri			Josep	ohine Amenda	
(Ye	Was Deceased Ever in U. S. Armed Fors, no or unknown) (If yes, give wor or do	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No -		213-07-0731A	Records: BCH-4	1940 Eastern A	venue 21224
	18.	/	CAUSE OF DEATH	i		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DE	RECTLY				SEI WEEN ONSE! AND DEATH
	(This does not mean the made of	dving e.g	(A) IMMEDIATE CAU	SE Fulling	nay I'dure	~ 484.
	heart failure, asthenia, etc. It means	the discose,	DUE 10, OR AS	CONSEQUENCE OF:	1	
	ANTECEDENT CAUSES				1.11	1.4
	DISEASES OR CONDITIONS, II	any, giving	(B)DUE TO, OR AS	A CONSEQUENCE OF:	The trust of	act.
	ise to the obove cause (A) UNDERLYING CONDITION lost	sloling the		ASOV	n	///
	. 125 mm		(c)	770	.C.	gens
ATION	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAI	HE TERMINAL	URI	NARY Block	du oby.	406
CERTIFICATIO	19A-DATE OF OPERATION 19B. CONWAS PER	DITION FOR V	WHICH OPERATION	NO	No. 208, IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
	21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH inotify medical examined	21 B. hom otcJ	e, form, foctory, street, off	or obout 21C. WHERE DID	(If In Boltimore	City, give exect locotion)
ō	21D.TIME (Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
S	(APPROXI	Whi	ile At Not While			
	22. I certify that # (this hospita			25 200	10/9	n . Deel
	that (1) (we) lost saw the decease			1 1 1	7/5	alon death occurred on the date
				7		non death occulted on the date
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE					
	Antis.	1 But	Atter Phys.	Med. Director	Staff Phys	
	23C. PHYSICIAN'S NAME (Type)	(am	2	3D. ADDRESS	Phys.	30 NOU 69
		A. Burto	on a	940 Eastern Av	re City Hospi	tals
24A	BURIAL CREMATION, 248. DATE REMOVAL (Specify)		ME of CEMETERY OF CRE			y, town, or county) (State)
	Burial 12/2/6		ak Lawn Cemete:	ry E	Baltimore Co.,	Md.
257A		BSBATAME O		25C. FUNERAL DIRECT	11	ADDRESS
F	C 2 1969 760 48 E.	dules	-9 n n			1407 Eastern Ave.
VS	150-REV, 1/1/68				> / //	

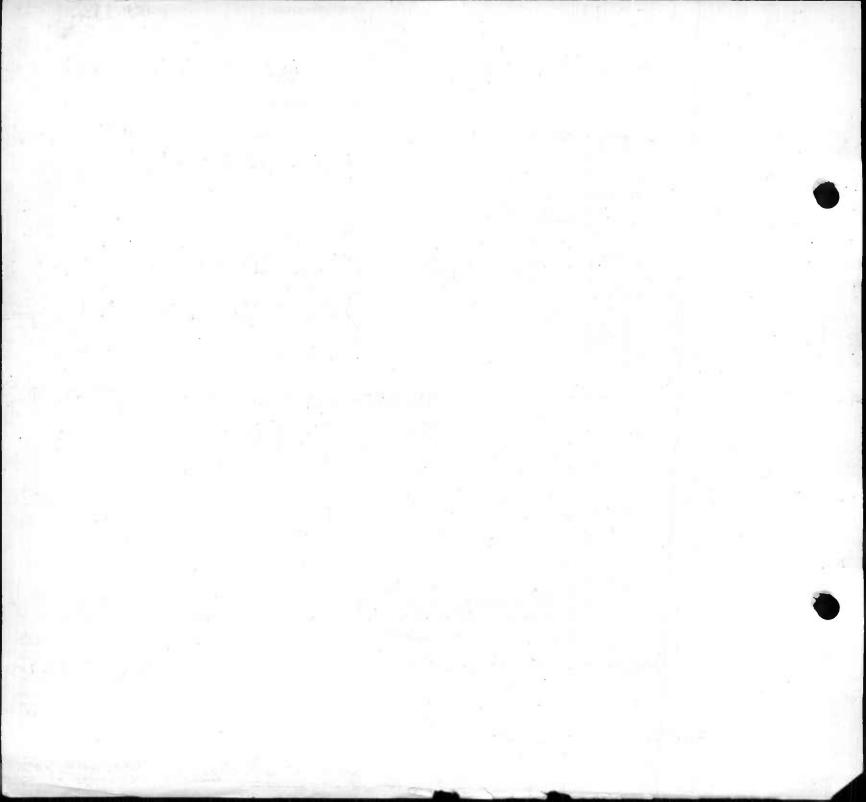


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1-524 BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO. 69 11870 CERTIFICA	ATE OF DEATH REG. NO. 03 11870
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
mma Langellu	2 11-38-69 100 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 22-01
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
37 Wency 11.	E. STREET AND NUMBER
MERCY HOSPITAL	825 WILLIAM ST.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
IDA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY;
done during most of working life, even if retired) Housewife	22
13. FATHER'S NAME	114. MOTHER'S MAIDEN NAME
Unk.	Unk.
15 W C	17. INFORMANT ADDRESS
Ites, no or unknown) lit yes, give wer or dotes of service) SECURITY NO.	Porneg
18. CAUSE OF DEAT	Mrs. Delma C. Haase 825 William St.
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	USE)) KSCV.HD
heart failure, asthenia, etc. It means the disease.	A CONSEQUENCE OF:
injury at complication which caused death.)	1) Diverticalo sis
ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving DUE TO, OR AS	A CONSEQUENCE OF:
	A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	
NOTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199. DATE OF OPERATION WAS PERFORMED WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21R PLACE OF INTURY (o.g.	
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or contributing CAUSE OF home, form, foctory, street, all of causes of cause of	n or about 21C, WHERE DID (II in Boltimore City, give exact location)
D 21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	
21D.TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.) While At Not While	21F. HOW DID INJURY OCCUR?
Work L At Work	
22. I certify that (I) (this hospital) attended the deceased from	17 - 1969 to 11-18 1969
that (I) (we) lost saw the deceased alive on	19 65 ond that in (my) (our) opinion death occurred on the date
ond haur ond fram the causes stoted obave. (I) (We) (did) (did not) v	
	nding Med. Stoff
23C. PHYSICIAN'S	Andring Med. Stoff Phys. 23D. ADDRESS
HOUSHANG-MAKIPOUR	
24A- BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)
Para 4 - 7	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
DEC 2 1969 336 E. Raiber M. D. C.	JOHN E DENNY, INC. 715 Light St.
VS 150-REV. 1/1/68	



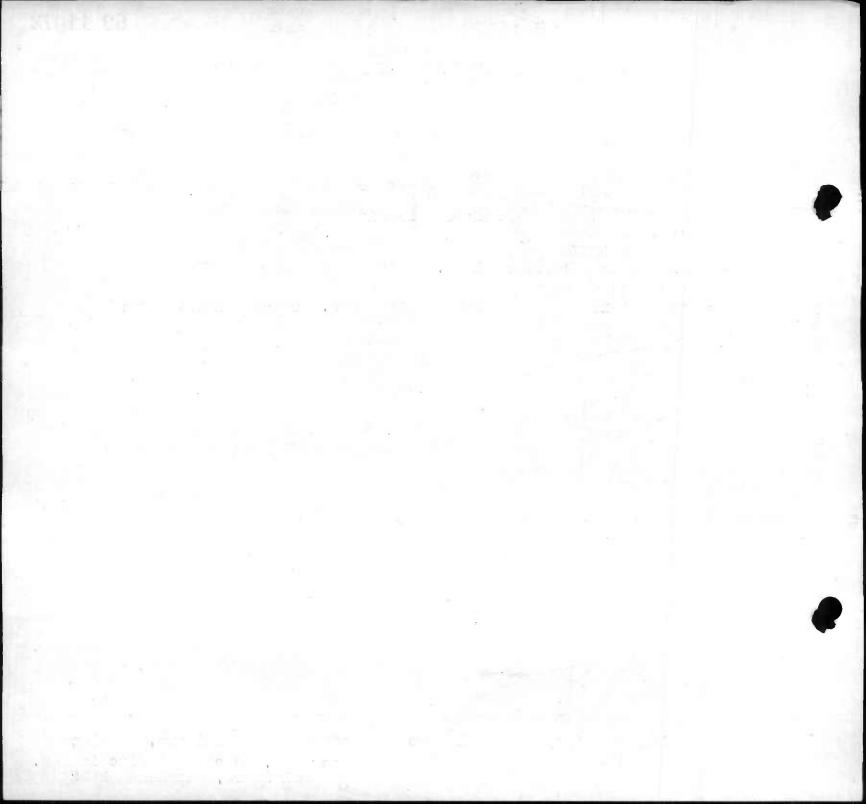
1 4	1-7.70 00 At. mi	TE OF DEATH REG. NO.	9 11871
1, NZ	AME OF DECEASED or Print) Hope Ann Wyman	2. DATE AND HOUR OF DEATH	7:16 A
FUL	LAGE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD LE NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) THUTION	A. STATE B. COUNTY Mary Land C. CITY OR TOWN D. INSIDE CI	23-02
3	Johns Hopkins Hospital	Bathmore YES E. STREET AND NUMBER 1010 Light Street	NO .
	emale White widowed Divorced	8. DATE OF BIRTH 9. AGE (In years fost birthdoy) 16 Mor	
done	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY during most of working life, even if refired)	Maryland	CITIZEN OF WHAT COUNTR
	Earl John Wyman Jr. Vas Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Patricia Iman 17. INFORMANT	ADDRESS
	,no or unknown) (If yes, give war or dates of service) SECURITY NO.	Patricia Wyman (m.	other)
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, aslhenia, elc, II means the disease,	0.1	BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO OR AS	Calema acidosis premie	2hrs, 3dous, W
7	UNDERLYING CONDITION Iasi. (C) Transpa	ection of Great Vasculs	JMONIUS
ATIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED TO A DOLL TO A CONDITION.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDI	NGS CONSIDERED OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, loctory, street, of DEATH Inotify medical examiner)	n or about 21 C. WHERE DID (It in Soltimore City	r, give exact location)
5	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Not While Work At Work		
	22. I certify that (I) (this haspital) attended the deceased fram that (I) (we) last saw the deceased alive an No Yestaber 3	28 19 65 and that in(my) (voil) apinlan	1/28 19 69 death accurred an the da
l L	and have and from the causes stated above. (1) (Met (did) (did not) v 23A. SIGNATURE Attendary Attendary Attendary Attendary Attendary Attendary Attendary Attendary Attendary Attendary Attendary Attendary Attendary Atte	23 B.	DATE SIGNED
	Thomas P. Hyde, MD.	The Johns Hopkins Hospit	al
24A 25A	BURIAL CREMATION, 248. DATE 24G, NAME OF CEMETERY OF CRE REMOVAL (Specify) JOURNAL DATE REC'D RYHEALTH SEPT. DB. JAME OF SEGISTRAR	CEMETERY LAHMANSVILLE,	
DE	C 2 1969 Jabes E. Jacobs 150-REV. 1/1/68	SOUNF. DENNY, INC. 7,	15 LIGHT ST



BALTIMORE CITY HEALTH DEPARTMENT	1.1.1810
69 11872 CERTIFICATE OF DEATH REG. NO. 69	11872
BIKIT 110.	
1. NAME OF DECEASED (Type or Print) LENT Z. Sosep H E 2. DATE AND HOUR OF DEATH (Type or Print) LENT Z. Sosep H E 11-29-69 6.	35 A.
3. PLACE IN BALTIMORE, MARYLAND WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence and starting	before odmission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?	4-03
Manifolion A ST ST	№ П
South NAZIO CE. STREET AND NUMBER	
S. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months; Doys	If Under 24 Hrs Hours Min.
WIDOWED DIVORCED 18-22-00 69	
done during most of working life, even if retired) Balttimore Transit	WHAT COUNTR
13. FATHER'S NAME XXXXX	
XXXXXXXXXXX Edwin C. Lentz FREEMAN, FRANCES	dec
5, Was Deceased Ever in U. S. Avged Forces? 16. SOCIAL 17. INFORMANT ADDR	
Yes 1920 213 05 9250 Mrs. Frances Clarke Lentz	Same
18. CAUSE OF DEATH	XIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	ONSET AND DEAT
LEADING TO DEATH	law
(This does not meon the made of dying, e.g., heart failure, asthenio, etc. It means the disease,	
injuly ar camplication which coused death.)	2 2m. uls
ANTECEDENT CAUSES	Lyjour
DISEASES OR CONDITIONS, if ony, giving Tise to the above cause (A) stoting the	ear
UNDERLYING CONDITION lost. (C)// Lynauth,	
, II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A). □ 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSI □ 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSI □ 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSI □ 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSI □ 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSI □ 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSI □ 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSI □ 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No!) 20B. □ 19B. □ 1	DERED
WAS PERFORMED NO CERTIFYING CAUSES OF DEATH?	14
U 21A. ACCIDENT WAS UNDERLYING CAUSE OF OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?	locotion)
D 21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
OF INJURY While At Not While	
WORL AT WORLD	29/9
22. I certify that (1) (this haspital) attended the deceased from January 19 67 to Movember	19 6
that (1) (we) last saw the deceased alive an Movember 029 19 69 and that in (my) (ww) aplnian death according	erred on the da
and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death.	
23A. SIGNATURE	
23A. SIGNATURE Colando V Goro, HODEGREE Attending Med. Director Shaff Phys. 1/-29	
23A. SIGNATURE 23B. DATE SIGN Attending Med. Stoff 1/2 9	
23A. SIGNATURE 23A. SIGNATURE Attending Med. Director Phys. 23B. DATE SIGN 11-29 23C. PHYSICIAN'S NAME (Type) DEGREE	2-69
23A. SIGNATURE 23A. SIGNATURE Attending Med. Director Me	2-69
23A. SIGNATURE 23A. SIGNATURE Attending Med. Director Me	y) (State)

2 1969 VS 150-REV. 1/1/6B

Balltimore, Maryland

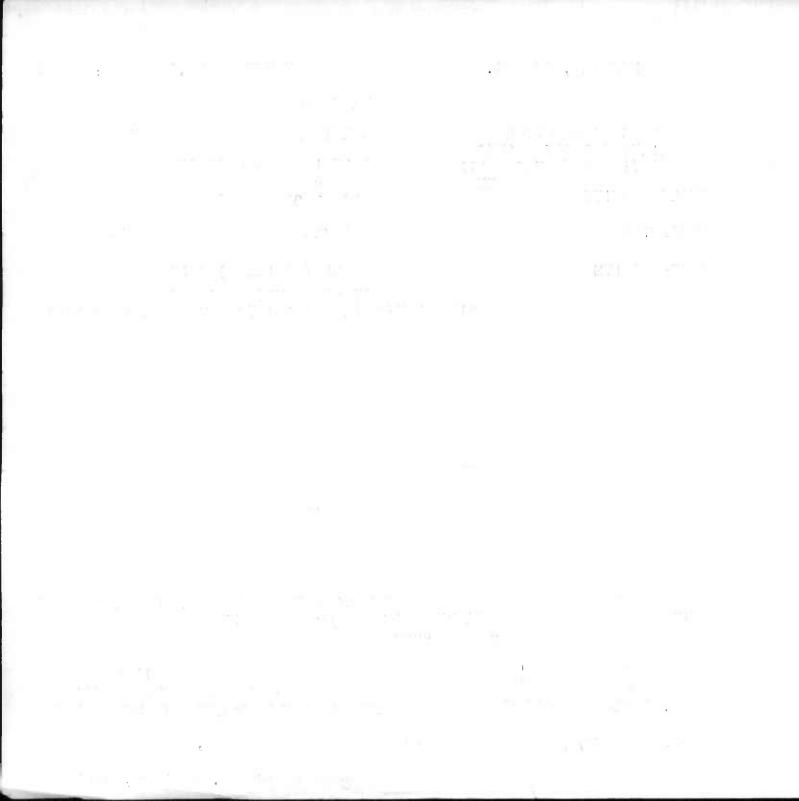


ab]	1	H-352 69 11873 BALTIMORE CE	ATE OF DEATH V REG. NO. 69 11873				
the		RTH NO. () J IIIO CERTIFIC					
E		Pe or Print) MABEL R. HETTINGS	2. DATE AND HOUR OF DEATH				
-	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where docoused lived, If institution: residence before admission) A, STATE B, COUNTY				
ance	FU	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland 53-00 Baltimore				
	IN:	NOITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
	1	BALTIMORE CITY HOSPITALS	Baltimore YES NO 3				
F	49	940 Eastern Avenue, Baltimore, Maryland	24 Greenbank Road Box 151 21220				
0 0	5. 5		7 8. DATE OF BIRTH 19. AGE (In years If Under 1 Yr., If Under 24 Hrs.				
regul eased is ma	Į.	emale White WIDOWED DIVORCED	5-26-1918 lost birthdoy) Months Doys Hours Min.				
ece on i	don	LUSUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTING during most of working life, even if retired)	11. BIRTHPLACE (State or lareign country) 12. CITIZEN DF WHAT COUNT				
s in de		Nurse	South Dakota U.S.A.				
h was in the dispositi	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
on dis		Henry N Aungle	Winifred McFadden				
0 0 0	(Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) of the service) 16. SOCIAL SECURITY ND.	17. INFORMANT ADDRESS				
E #		Yes	Records: BCH-4940 Eastern Avenue 21224				
ende d or		DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
atte		LEADING TO DEATH	AUSE HEPATIC COMA. 1 WEEKS				
0 - 8		heort foilure, asthenio, etc. it means the disease,	S A CONSEQUENCE OF:				
3 E		injury or complication which caused death.) ANTECEDENT CAUSES HER	ATIT'S -1 0' 10000'S				
who reg		[P]	ATITIS & CIHRROSIS MONTH				
		rice to the chara source (A) station the	DENAL ULCER > 1 YEAR				
physician an was ii remains		11					
hysicia ın was remain	O.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	La POLMONARY GAICURE I WEEK.				
siciar the r	CAT	DISEASE OR CONDITION GIVEN IN PART 1 (A), 1994-DATE OF OPERATION 1984 CONDITION FOR WHICH OPERATION					
re the phy physician fore the re	ERTIFICATION	3115/69 WAS PERFORMED ULCER	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES				
here to	U	21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g.	in ar about 21 C. WHERE DID office bldg. [INJURY OCCUR?] (If in Ballimare City, give exact location)				
where No pl	CAL	DEATH (notify medical examine)	Since stage integral we want				
3 6	MEDICAL	21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED OF INJURY OCCURRED While At Not WI	21F. HOW DID INJURY OCCUR?				
xcept ind (6 btaine							
		22. I certify that (I) (this hospital) attended the deceased from	10/28/63 19 10 11/29/69 19				
5 £ 8	1 1	that (I) (we) lost sow the deceased alive on 11/23/(1/2014)	19 and that in(my) (our) opinion death accurred on the date				
hospital (e o death); o I must be o		and hour and from the causes stoted abave. (I) (We) (did) (did not)	view the body offer death. 238 DATE SIGNED /				
al ho		/ /// / / - 101	tending Med. Staff 1// > 0 // 9				
ove ove		23C.PHYSICIAN'S NAME (Type) ENRIQUE CASTRO	123D. ADDRESS				
was D.O.A. at a he deceased prior to written approval r		ENRIQUE CASTRO	BALTIMORE CITY HOSPITALS 4940 Eastern Avenue, Baltimore, Md. 21224				
0 0 E	24A	BURIAL CREMATION, 248. DATE 24C, NAME of CEMETERY OF C	REMATORY 24D. LOCATION (City, lown, or county) (Stote)				
D.O.		Burial 12/4/69 Baltimore Nation					
Vas Vrii	25A	DEC 2 1969 258 NAME OF REGISTRAR	25G, FUNERAL DIRECTOR ADDRESS				
> 0 >		DEC 2 1969 : Sent E. Jawan M. O.	Teonand J. Ruck Inc. Baltimore, Maryland				

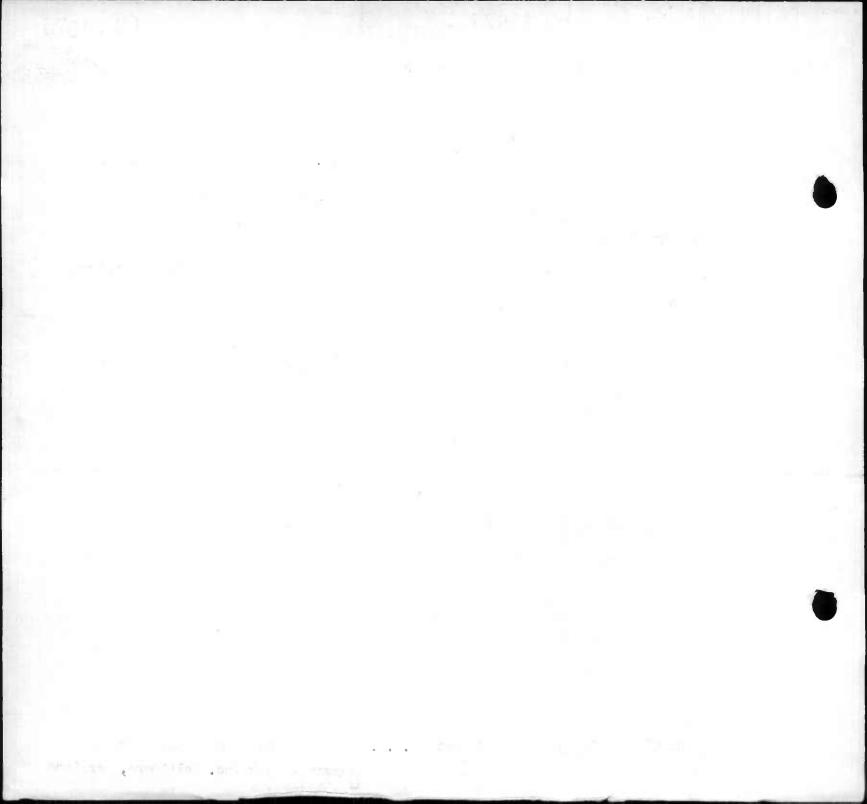
VS 150-REV. 1/1/68

4 4 • 6 P1 Element e

	H-640	69 1			HEALTH DEPARTA		REG. NO.	69	11874		
	RTH NO.		-0 0	LKTIFICA			_				
IT,	ype or Print)	ROLL, ANI	NA C.			NOVE	MBER 30,1	969 1	3:50 P,		
3.	PLACE IN BALTIMORE,	MARYLAND, WHE	RE PRONOUNCED D	EAD	4. USUAL RESIDEN	CE (Where	e deceased lived. If in	stitution: resid	dence before admission		
H	JLL NAME OF (IF OSPITAL OR AD	NOT IN HOSPITAL	OR INSTITUTION, GI		MARYLAND 9-04						
		ES HOSPI	ΓAL		BALTIMORE PES NO NO						
		IS & CATO			E. STREET AND NUMBER						
	BALTIM	ORE MARY	AND 2122	9	2920 INDEPENDENCE ST						
11	SEX 6. RACI		MARRIED NEVE	R MARRIED 8	DATE OF BURTH	9	ost birthdoyl	If Under 1 Months D	Yr. If Under 24 Hrs		
	EMALE WH		IDOWED	DIVORCED	06 XXX 0	1	68				
do	ne during most of working li HOUSEWIFE	e, even if retired)	KIND OF BUSINESS	OR INDUSTRY	1. BIRTHPLACE (Stot MARYLAN		in country)	12. CITIZEN	OF WHAT COUNTR		
13.	FATHER'S NAME			1.	4. MOTHER'S MAII		16		JA		
	JOSEPH SMI	тм									
15.	Was Deceased Ever in	U. S. Armed Forces?	1 6. SOCI	AL 1			LER) SMIT				
(Ye	s, no or unknown) (If yes,	give wor or dotes of		RITY NO.	STAGNES		P RECORDS		DDRESS		
\parallel	118.	•	21/	60 079 2 USE OF DEATH	WILKENS	& CA	TON AVES				
	14716	I ONDITION DIRECT		OSE OF DEATH				BET	APPROXIMATE INTERVAL WEEN ONSET AND DEATH		
	LEADIN	G TO DEATH		IMMEDIATE CAUSE	Care	en	omatos	10			
	(This does not mean heart failure, asthenia injury ar camplication	, elc. II means the	ng, e.g., disease.		CONSEQUENCE OF:		***************************************		***************************************		
	ANTECEDENT CAUSES										
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF										
	INDEDIVING CONDITION 1										
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\										
NO NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING										
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).											
CERTIFICATION		WAS PERFORM	ON FOR WHICH OP	OR WHICH OPERATION		es ar No)	208. IF YES, WERE I	INDINGS CO	NSIDERED		
11	21A. ACCIDENT WAS	CAUSE OF -	218 PLACE OF	INJURY le.g., in o	obout 21 C. WHERE bldg., INJURY OC	DID	(If In Boltimore	city, give ex	roct location)		
CAL	DEATH (notify medical	e x omin er)	etc.)	ciory, sheet, dince	e ologo, inducti oc	CUK					
MEDI	OF INJURY	IDoy) IYeor) (He	While At	Not While	21F. HOW 0	חראו סוכ	RY OCCUR?				
	(APPROX.)										
22. I certify that (IX(this hospital) ottended the deceased from NOVEMBER 07 19 69 to NOVEMBER 30 1 that XIX(we) lost saw the deceased alive on NOVEMBER 30 19 69 and that in (my) (our) opinion death occurred or ond hour and from the causes stated above. (X) (We) (did) (
								non death o	eccurred on the date		
								23 B. DATE SI	GNED		
Attending Med. Shaff Director Phys.								44 40 40			
	23C. PHYSICIAN'S NAME (Type)	EO ALONO) MD	DEGREE	ADDRESS		IMORE MAR		21229		
24A	BURIAL CREMATION,	FO ALONS				HOSP		& CATO	ON AVES		
^	KEMOVAL (Specify)		24C. NAME of CE		ATORY	24D. LOC	,	, town, or co	unty) (Stote)		
25.6	Burial	12/4/69	Holy Red			Bal	timore, Ma:	ryland			
ZSA F	DATE REC'D BY HEAL		NAME OF REGISTR	AR	25C. FUNERAL DI				ADDRESS		
IIII	U Z 1303	NOTAL TO THE PARTY OF THE PARTY	7 6 9	000	Legnard J	Ruck	Inc. Balt	imore,	Maryland		

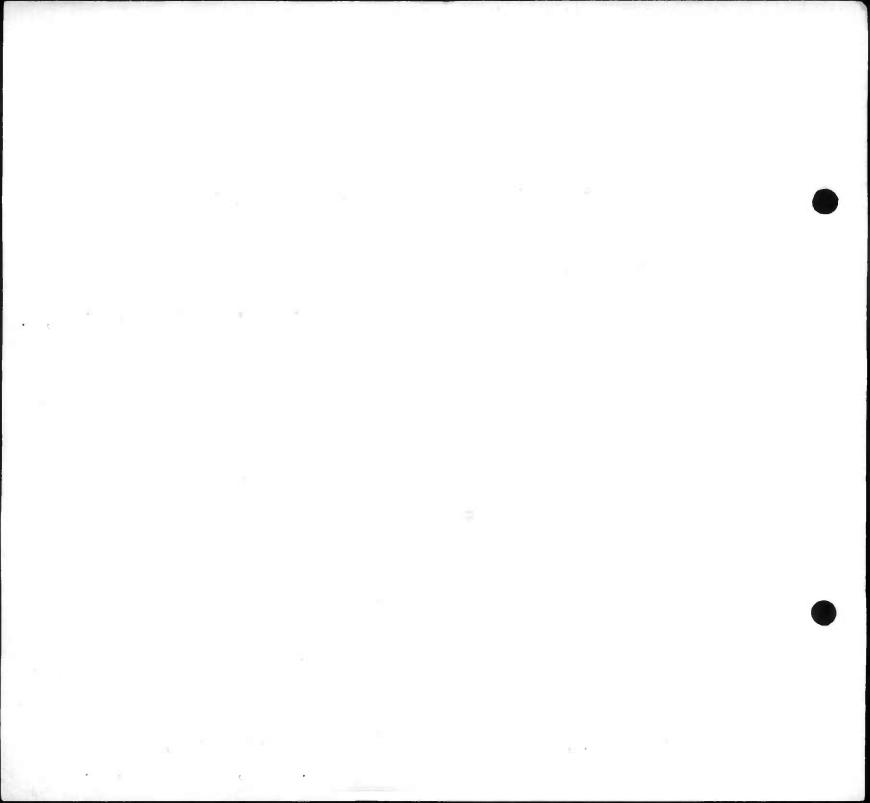


BIRTH	~ U 1 4	A DISS BALTIMORE CITY			00 11			
	-434 69 1	CERTIFICA	TE OF DEATH	Registered No.	69 11875			
1. N.A	AME OF DECEASED		2. DATE AND	HOUR OF DEATH	25			
Туре	e or Print) SIGHN T CAL	LD WELL ST	J-00. 3	0, 1969	n stitution: residence before odmis			
3. PI	LACE OF DEATH IN BALTIMORE, MARYLA		4. USUAL RESIDENCE (Where	deceased lived. If i	nstitution; residence before admiss			
F	FULL NAME OF (If not in hospital or ins	stitution, give street	MARYLAND		27-34			
Н	HOSPITAL OR oddress or tocotron) NSTITUTION			C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
X	7		BALTIMORE D. STREET ADDRESS (If rural, give location)					
01	MARYLAND GEN.	HOSPITAL			MILE			
5. SE	EX [6. RACE 7. N	AARRIED, NEVER MARRIED	B. DATE OF BIRTH 9	AGE (la vears	If Under 1 Yr If Under 24 H			
J. J.	20 W	WIDOWED DIVORCED (specify)	1	nst hirthdov)	If Under 1 Yr. If Under 24 Months Doys Hours Mi			
tóà.	USUAL OCCUPATION (Give kind of work 10B.	KIND OF BUSINESS OR INDUSTRY	4-30 -02	n country)	12. CITIZEN OF			
	e during most of working life, even if retired)		MaRYL		WHAT COUNTRY?			
R	FATHERS NAME		14. MOTHER'S MAIDEN NAM		9 3/4 .			
13. F			DAISY XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
	VAMES CALD	WELL.	DAIST	XXXXXX	CXXX Chaffman			
(Yes,	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS SA on			
	No	218-03-038	P/ WIFE - MRS	MARY -	ALDNELL			
	18, 44 / 6 / 4		F DEATH		INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTI	LY	1.40	00000	VEAD. TONE 2 45			
	(This does not mean the made of dying	(A) A	CUIE MIVE	ANDIAC 1	NFARCTION. 2 W			
	heart failure, asthenia, etc. It means the	disease,	do Internative	x fresh.	Marcon - ms			
	injury or camplication which coused deat	m./	TERIOSLEROTIC	HEART D	ISBASE - YEAR			
	ANTECEDENT CAUSES							
	DISEASES OR CONDITIONS, if any, rise to the above couse (A) state							
	UNDERLYING CONDITION lost.		, , , , , , , , , , , , , , , , , , , 	10 60 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				
_	11							
6	OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING	- 14	111111				
E I	TO THE DEATH BUT NOT RELATED	TO THE PROPERTY	(SECTION AT 1.14		DIRECOLE COR F			
CATIO	DISEASE OR CONDITION CAUSING IT.	Y41011/C						
	DISEASE OR CONDITION CAUSING IT.	ON FOR WHICH OPERATION		20B. IF YES, WERE	DISEASE TOOK F			
CERTIFIC	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING	ON FOR WHICH OPERATION AED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED MON			
AL CERTIFIC	DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED FORM			
ICAL CERTIFIC	DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	ON FOR WHICH OPERATION AED 21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, onetc.)	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED FORM			
MEDICAL CERTIFIC	DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Year) (Ho	21 B. PLACE OF INJURY (e.g., rhome, form, foctory, street, oetc.) 21 E. INJURY OCCURRED	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED FORM			
MEDICAL CERTIFIC	DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Year) (Heapprox.)	ON FOR WHICH OPERATION AED 21 B. PLACE OF INJURY (e.g., ring) home, form, foctory, street, oetc.) our) 21 E. INJURY OCCURRED White At Not White At Work At Work	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED FROM AUSES OF DEATH? re City, give exoct locotion)			
MEDICAL CERTIFIC	DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Heapprox.) 22. I certify that (I) (this hospital) attained to the contribution of the con	21 B. PLACE OF INJURY (e.g., in the form, foctory, street, one etc.) 21 E. INJURY OCCURRED White At Not White At Work Tended the deceosed from	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJU	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED FROM AUSES OF DEATH? re City, give exoct locotion)			
MEDICAL CERTIFIC	DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Year) (Heapprox.)	21 B. PLACE OF INJURY (e.g., in the form, foctory, street, one etc.) 21 E. INJURY OCCURRED White At Not White At Work Tended the deceosed from	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJU	20B. IF YES, WERE IN CERTIFYING C./ (If in Boltimo	FINDINGS CONSIDERED FOON AUSES OF DEATH? THE City, give exact location)			
MEDICAL CERTIFIC	DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Heapprox.) 22. I certify that (I) (this hospital) attained to the contribution of the con	DN FOR WHICH OPERATION AED 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, onetc.) our) 21E. INJURY OCCURRED White At Not White At Work At Work tended the deceosed from	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJURY 11	20B. IF YES, WERE IN CERTIFYING C./ (If in Boltimo	FINDINGS CONSIDERED FOON AUSES OF DEATH? THE City, give exact location)			
MEDICAL CERTIFIC	DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Year) (Heapprox.) 22. I certify that (I) (this haspital) att	DN FOR WHICH OPERATION AED 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, onetc.) our) 21E. INJURY OCCURRED White At Not White At Work At Work tended the deceosed from	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJURY 11	20B. IF YES, WERE IN CERTIFYING C./ (If in Boltimo	FINDINGS CONSIDERED FOON AUSES OF DEATH? THE City, give exact location)			
MEDICAL CERTIFIC	DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol examiner) 21D. TIME (Month) (Doy) (Year) (Harden Cause) 21D. Time (Month) (Doy) (Year) (Harden Cause) 22. I certify that (I) (this hospital) attached that (I) (we) lost sow the deceased of and hour and from the causes stated at the course of the course stated at the course of the course of the course of the cause of the course ON FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., into the mome, form, foctory, street, one etc.) Our) 21E. INJURY OCCURED White At Not White At Work tended the deceosed from the mome and the deceosed from the mome and the mome and the mome and the deceosed from the mome and the moment and the momen	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJU 19 9 ond the view the body after deoth.	20B. IF YES, WERE IN CERTIFYING C./ (If in Boltimo	FINDINGS CONSIDERED FOOM AUSES OF DEATH? THE City, give exact location) 19 19 Inion death occurred on the				
MEDICAL CERTIFIC	DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Year) (Harden Control of the Con	ON FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., into the mome, form, foctory, street, one etc.) Our) 21E. INJURY OCCURED White At Not White At Work tended the deceosed from the mome and the deceosed from the mome and the mome and the mome and the deceosed from the mome and the moment and the momen	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJU 19 9 ond the view the body after deoth.	20B. IF YES, WERE IN CERTIFYING C. (If in Boltimo	FINDINGS CONSIDERED FOON AUSES OF DEATH? THE City, give exect location) 19 Inion death occurred on the 23B, DATE SIGNED			
MEDICAL CERTIFIC	DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Year) (Hopping) 22. I certify that (I) (this haspital) att that (I) (we) lost sow the deceased of ond hour and from the causes stated of 23A. SIGNATURE 23C. PHYSICIANS NAME (Type)	ON FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., into the mome, form, foctory, street, one etc.) Our) 21E. INJURY OCCURED White At Not White At Work tended the deceosed from the mome and the deceosed from the mome and the mome and the mome and the deceosed from the mome and the moment and the momen	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJU 21F. HOW	20B. IF YES, WERE IN CERTIFYING C. (If in Boltimo	FINDINGS CONSIDERED FOOM AUSES OF DEATH? THE City, give exact locotion) 19 19 23B. DATE SIGNED			
MEDICAL CERTIFIC	DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 21A.ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Day) (Year) (Harden Control of the Contr	DN FOR WHICH OPERATION AED 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, onetc.) our) 21E. INJURY OCCURRED White At Not White At Work At Work At Work At Work At Work At Work At Work At M.D. Att Phy	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJU 21F. HO	20B. IF YES, WERE IN CERTIFYING C. (If in Boltimo JRY OCCUR? 9to	FINDINGS CONSIDERED FROM AUSES OF DEATH? THE City, give exact locotion) 19 Inion deoth occurred on the 23B. DATE SIGNED 11-30-69 AUSEPITAL			
MEDICAL CERTIFIC	DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Year) (Hoop PROX.) 22. I certify that (I) (this haspital) at that (I) (we) lost sow the deceased of and hour and from the causes stated of 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	DN FOR WHICH OPERATION AED 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, onetc.) 21E. INJURY OCCURRED White At Not White At Work At Work tended the deceosed from Debove. (I) (We) (did) (did not) white At Not Not Not Not Not Not Not	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJU 22F. HOW DID INJU 23D. ADDRESS AMY CAND EMATORY 24D. LC	OCATION	FINDINGS CONSIDERED FROM AUSES OF DEATH? THE City, give exact location) 19 23B. DATE SIGNED 11-30-69 45597786. City, town, or county) (Sto			
MEDICAL CERTIFIC	DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Year) (Hoop PROX.) 22. I certify that (I) (this haspital) at that (I) (we) lost sow the deceased of and hour and from the causes stated of 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	DN FOR WHICH OPERATION AED 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, onetc.) 21E. INJURY OCCURRED White At Not White At Work At Work tended the deceosed from Debove. (I) (We) (did) (did not) white At Not Not Not Not Not Not Not	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJU 22F. HOW DID INJU 23D. ADDRESS AMY CAND EMATORY 24D. LC	OCATION	FINDINGS CONSIDERED FROM AUSES OF DEATH? THE City, give exact location) 19 Inion death occurred on the 23B. DATE SIGNED 11-30-69 AUSED/TALL			
MEDICAL CERTIFIC	DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Year) (Hoop PROX.) 22. I certify that (I) (this haspital) at that (I) (we) lost sow the deceased of and hour and from the causes stated of 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	21B. PLACE OF INJURY (e.g., into the me, form, foctory, street, one etc.) 21B. PLACE OF INJURY (e.g., into the me, form, foctory, street, one etc.) 21B. PLACE OF INJURY (e.g., into the me, form, foctory, street, one etc.) 21B. PLACE OF INJURY (e.g., into the me, form, foctory, street, one etc.) 21B. PLACE OF INJURY (e.g., into the me, form, foctory, street, one etc.) 21B. PLACE OF INJURY (e.g., into the me, form, foctory, street, one etc.) 21B. PLACE OF INJURY (e.g., into the me, form, foctory, street, one etc.) 21B. PLACE OF INJURY (e.g., into the me, form, foctory, street, one etc.) 21B. PLACE OF INJURY (e.g., into the me, form, foctory, street, one etc.) 21B. PLACE OF INJURY (e.g., into the me, form, foctory, street, one etc.) 21B. PLACE OF INJURY (e.g., into the me, form, foctory, street, one etc.) 21B. PLACE OF INJURY (e.g., into the me, form, foctory, street, one etc.) 21B. PLACE OF INJURY (e.g., into the me, form, foctory, street, one etc.) 21B. PLACE OF INJURY (e.g., into the me, form, foctory, street, one etc.) 21B. PLACE OF INJURY OCCURED White At	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJU 22F. HOW DID INJU 22F. HOW DID INJU 23C. FUNERAL DIRECTOR	20B. IF YES, WERE IN CERTIFYING C. (If in Boltimo URY OCCUR? 9to	FINDINGS CONSIDERED FROM AUSES OF DEATH? THE City, give exact location) 19 23B. DATE SIGNED 11-30-69 45497786.			

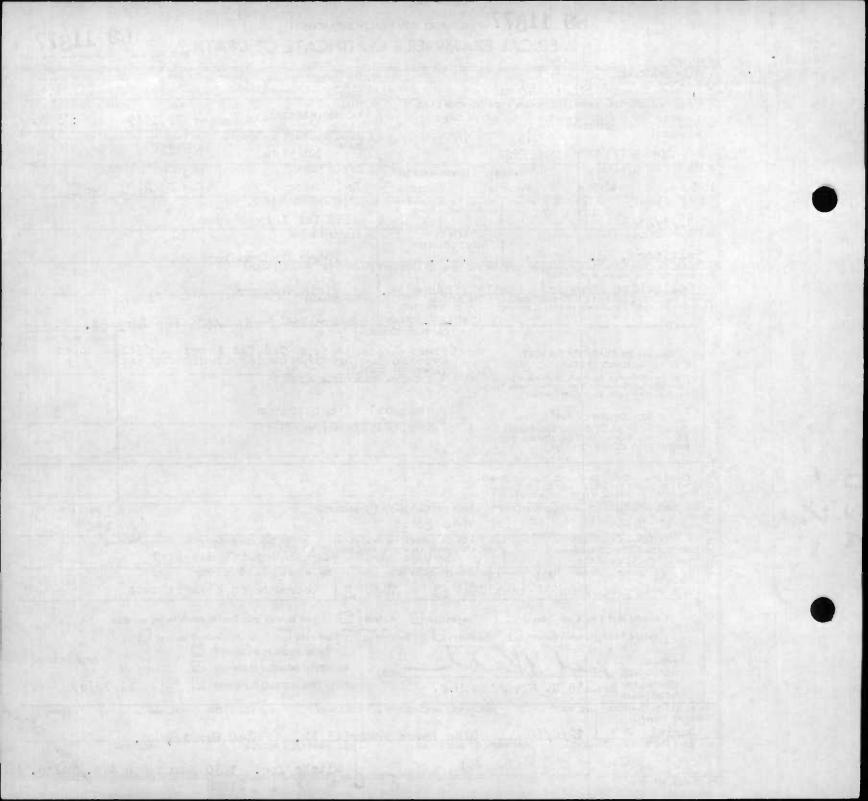


FUNERAL DIRECTOR: IMPORTANT

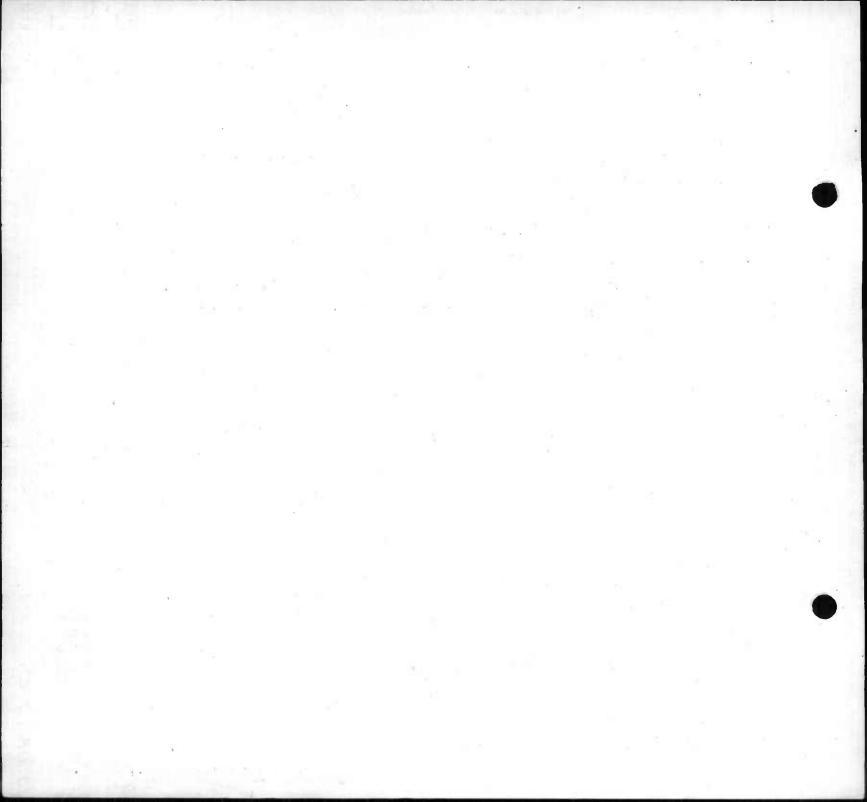
BALTIMORE CITY HEALTH DEPARTMENT 69 11876 CERTIFICATE OF DEATH of death Deceased Such on the 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH Type or Printl hospital 4. USUAL RESIDENCE I Where deceosed lived. II institution: residence before odmission)
A. STATE B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance (4) Undetermined cause; (5) Cause Y(RD)ELLIC (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR attend 2 D. INSIDE CITY LIMITS? BALTO. , Secours HospitAL YES 7 NO X prior contributing E. STREET AND NUMBER occurred + BALTIMORE ST made. regular 9. AGE (In years 8. DATE OF BIRTH Il Under 1 Tr. Months: Doys If Under 24 Hrs. Hours i Min. deceased last birthday) Hours WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? .= isposition done during mast of working lile, even il retired) Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct MICHA assistant 0 death ס 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar dates of service) 6. SOCIAL ADDRESS final SECURITY NO. Francis D. Smith, 4913 Montgomery Rd. Ellico attendance 212-28-5482-8 any pronounced 0 CAUSE OF APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode at dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl failure, asthenia, etc. Il means the disease, gular injury as complication which caused deoth.) ANTECEDENT CAUSES who DUE 10, OR AS A CONSEQUENCE OF: 9 4 DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) sloting the the physician UNDERLYING CONDITION last remains Mas any nature; (2) Body burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (AL the 20A. AUTOPST? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID hame, farm, factory, street, office bldg., INJURY OCCUR? III In Boltimore City, give exact location) to the hospital °Z MEDICAL DEATH Inatily medical examined obtained 9 (Doy) IT ear) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? approved OF INJURY (except While At Not While IAPPROX.) and At Work 22. I certify that (I) (this hospital) attended the deceased from death); pe that (1) (we) last saw the deceased alive an and that In(my) (aur) apinion death accurred an the date An accident of hospital the body was released shows: (1) An accident and have and from the causes stated above. (1) (We) (did) (did nat) view the body after death. must Attending 0 Med. Shaff pproval ø prior 23C. PHTSICIAN'S 23D. ADDRESS ā D.O.A. 24A. BURIAL CREMATION, 248. DATE deceased 24C. NAME of CEMETERT OF CREMATORY written a 24D. LOCATION (City, town, or county) REMOVAL (Specily) Dec.1,1969 Crestlawn Cemetery Burial Marbiottsville, Maryland Was 25C. FUNERAL DIRECTOR Widzke, Ellicott City, VS 150-REV. 1/1/68



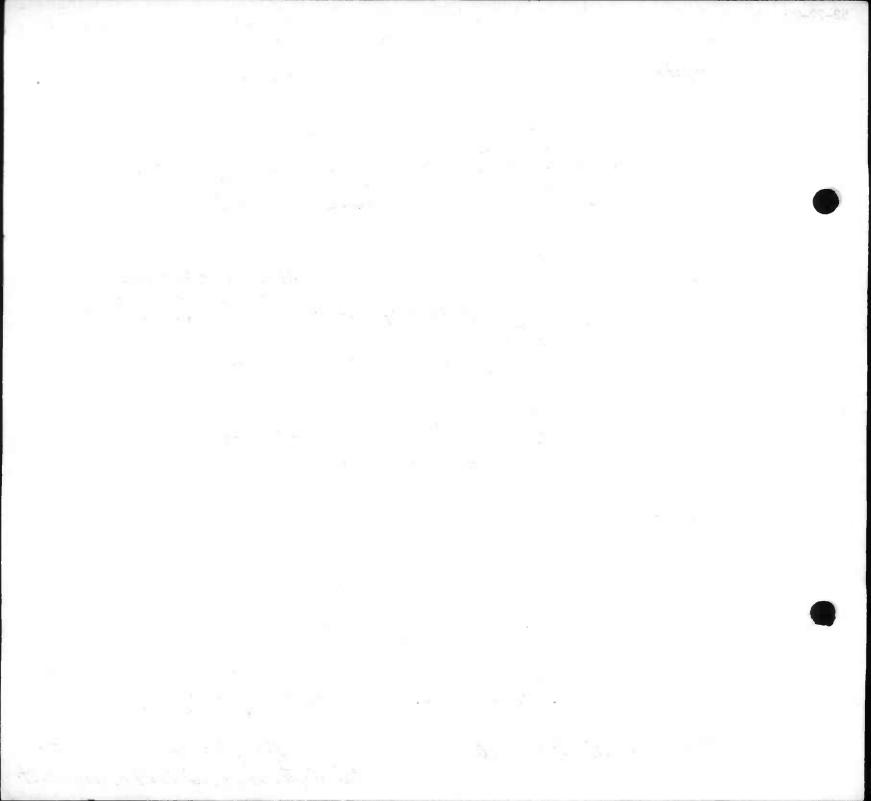
	0	,	69 1	1877	RALTIMOPE CITY HE	AITH DEPAR	TMENT	4				
1	C-616 69 11877. BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 69 11877.											
B	BIRTH NO.											
	NAME OF DEC	CEASED				2. DATE	Known 🗍	Month	Day	Yeor	Hour	
L			ALD CRA			OF DEATH	Estimated				м.	
- 11	. PLACE IN BAL ULL NAME OF				NOUNCED DEAD	3. DATE PRONOU	NCED DEAD	Month	Day	Yeor	Hour	
H	OSPITAL OR INSTITUTION	ADDRE	ESS OR LOCA	TION)	ITION, GIVE STREET			Novembe			4:15 A. M.	
		S HOPK	INS HOS	SPITAL		II A STATE	S. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY 28-34					
6.	SEX	7. RACE		B. MARRIED	NEVER MARRIED	C. CITY OR	OWN		D. INSIDE CIT	Y LIMITS?		
	la1e	Whit	te	WIDOWED	-	Balti	more		YE	s 🖵	NO 🗆	
9.	DATE OF BIRTI	Ĥ	IO. AGE (In	years H	Under 1 Yr. If Under 24 Hrs. anths, Days, Hours, Min.	E. STREET A	ND NUMBER			36		
L	12/9/4		lost birthda				Pen Lucy	Avenue			4131031	
11	. BIRTHPLACE (S			12.	CITIZEN OF WHAT COUNTRY?	13. FATHER'S	NAME					
14	Baltimor	ce. Md.	- ti-d of world	148 VIND O	U.S.A. F BUSINESS OR INDUSTRY	Pe-	ter H. C	rauford			4	
Igo	one during most of w	warking life, ev	en It retired)			13. MOINER	2 WAIDEM IAN	WE				
16	Collect WAS DECEASE	cion Ma	nager	Fami J	ly Finance Co.	18. INFORM	ala Berg	ner	Ar	DRESS		
(Y	es, no ar unknawn)	(If yes, give w	vor or dates	of service)	SECURITY NO.	100				DKESS		
-	19.	- 2	8 30	- 10	1212-46-0399 CAUSE OF DEA	Peter	Crawfo	rd 451	9 Pen I	ucy R	PPROXIMATE INTERVAL	
	DICEAC	301	TION DIDE	7			rom Card	liac Arr	est suf	IRFTV	WEEN ONSET AND DEATH	
		E OR COND LEADING TO		TILY	Cerebral A Hypotens: (A) MAMEDIATE C	ive Anes	thesia f	or Cran	iotomy	for	under	
	heart failure,	at meon the	. It meons the	disease.	(A) BOJENO, XXX	XSXX COXX BOX	MICK REX X					
		Injury or complication which caused death.) Removal of Meningioma										
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE											
-	RISE TO THE	E ABOVE CAL	USE (A) STAT	ING THE	(=)							
Ć			II		(c)							
CERTIFICATION	OTHER SIGN TO THE DEA DISEASE OR	NIFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERMINA	S L						STITUTE	
FRT	20A. DATE OF				R WHICH OPERATION WA	AS PERFORME	D			21. AUTO	OPSY? (Yes ar Na)	
C	3 11-1	8-69			Meningioma						es	
3	22A. EXTERI	NAL CAUSE		228 bor		in ar about 22	C. WHERE DID	(If in Baltimore	City, give exac			
FDIC	222A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIB- UTING CAUSE OF DEATH. 228. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in Boltimore City, give exact location) 129. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in Boltimore City, give exact location) 120. WHERE DID (If in Boltimore City, give exact location) 121. WHERE DID (If in Boltimore City, give exact location) 122. WHERE DID (If in Boltimore City, give exact location) 122. WHERE DID (If in Boltimore City, give exact location) 122. WHERE DID (If in Boltimore City, give exact location) 122. WHERE DID (If in Boltimore City, give exact location)							.04				
2	OF INJURY (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?											
	(APPROX.) ()	perate	d on 11	L-18-69	WHILE AT W	WHILE X	Therapue	etic Mis	adventu	re		
	23.	ify that I he	eld an II	nquiry [Inspection Aut	tap sy 🗵	and that an	this basis, d	eath in my c	noinian		
		ted fram: N			Accident Suicid		icide 🗌	Undetermine		7		
	CHIEF MEDICAL EXAMINER											
	SIGNATU	JRE /n	ed 1	11 /Ch	M.D.	ASSIST	ANT MEDICAL	EXAMINER [×		DATE SIGNED	
	EXAMINE NAME (T	ER'S Rona	ald N.	Kornb1	um, M.D.	•	IATE MEDICAL	EXAMINER [11/3	0/69	
2/	AA. BURIAL CREA	MATION. 2	48. DATE	2	4C. NAME of CEMETERY	or CREMATOR	Y 24D.	LOCATION	(City, tawn,	ar county) (State)	
-	Burial	٧)	10/1/	60	Clas Vorces M		773	na n		33.		
25	A. DATE REC'D	BY HEALTH C	DEPT.	258. NAM	Glen Haven M		NERAL DIRECT	Glen Bur	niem Mo	DRESS		
	DEC 2 1	969 9	Bert E.	Barbar	AD.	Wit	zke Inc	1630			Delta Ma	
VS	151-REV. 1/1/6B	1/	6.0			8 8	zke Inc	21228	Edmonds	on Av	e. Balto. Mo	
		7 10	60 (0)				- 1	~ 「たんし			1 /	



	N/ - (39 03 118/8	HEALTH DEPARTMENT V REG. NO. 69 11878				
	IRTH NO.	TE OF DEATH				
, N	ype or Print) GAYLE C NORTON	2. DATE AND HOUR OF DEATH 11/28/69 75 PN				
3 0 = 13	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY				
- 0 - 11	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN C. CITY OR TOWN C. STREET D. INSIDE CITY LIMITS? YES NO E. STREET AND NUMBER OF THE PROPERTY OF THE PROPE				
tend	NSTITUTION					
io	3 JOHN'S HOPKINS HOSPITAL					
ade.	SEX 6. RACE	B. DATE OF BIRTH 1920E (In years If Under 1 Yr., If Under 24 Hrs.				
sed	SEX (MACE WITH TE MARRIED NEVER MARRIED DIVORCED DIVORCED	08/4 12/13 last birthday 50 Manths Days Haurs Min.				
_ U E d	OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired)					
9 €	usmine specialist U.S. Government	Kentucky USA				
dispos	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
2	5. Was Deceased Ever in U. S. Armed Farces? 1 6. SOCIAL	17. INFORMANT HOLLS Change To ADDRESS				
5 0	(es, na ar unknown) (If yes, give war ar dates of service) SECURITY NO.	ralls church, va.				
_	Yes 523-07-7858 CAUSE OF DEATH	Mrs. Rachel Norton, 6129 Leesburg Pike				
o	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH				
med	LEADING TO DEATH	SE APNOS -> Cheorise Master				
0	heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:				
a P	injury or camplicolian which coused death.) ANTECEDENT CAUSES Crowled ANTECEDENT CAUSES	beging toward to Luke				
0	DISEASES OR CONDITIONS, if any, giving (B) CUT DUE TO, OR AS	A CONSEQUENCE OF:				
S	rise to the obove couse (A) stating the UNDERLYING CONDITION last,	MR. WYOCATERIOPATIN				
5	11					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
	▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED				
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	TES IN CERTIFYING CAUSES OF DEATH?				
- 11	OR CONTRIBUTING CAUSE OF Late of INJURY (e.g., in Late of Injury (e.g.,	n ar about 21 C. WHERE DID (If in Baltimare City, give exact tacation) fice bldg., INJURY OCCUR?				
		21F. HOW DID INJURY OCCUR?				
	While At ☐ Not While					
	22. I certify that (I) (this haspital) attended the deceased from	11/8/69 1969 10 11/28 1960				
0	that (I) (we) last saw the deceased alive an U/2X	19 (and that in (my) (our) apinion death accurred on the dat				
ust be	and hour and fram the causes stated above. (1) (We) (did) (did nat) v					
must	23A. SIGNATURE	23B. DATE SIGNED				
0	OEGREE Phys					
70	23C. PHYSICIAN'S NAME (Type) TIDON (Tolui	23D. ADDRESS				
Approv	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	JOHNS HIPKINS HISPING (City, town, or county) (State)				
	DEAAOVAL (SS)					
2	Cremation 12/1/69 Loudon Park Cemes 5A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAN	tery Beltimore, Md. Address				
;	Cremation 12/1/69 Toudon Park Cemeration 12/1/69 Sept. 12/1/69 Toudon Park Cemeration 1969 Pulled E. January Company C	Witzhe, 4101 Edmondson Ave., Balto., Md				
V	1/1/68	21229				

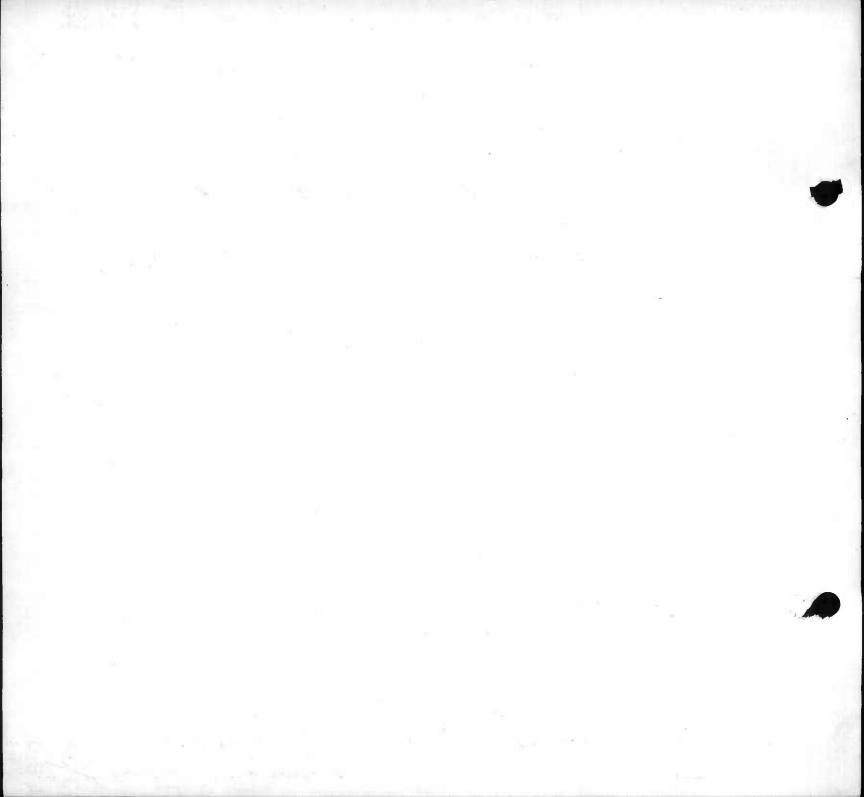


VS T50-REV. 1/1/68



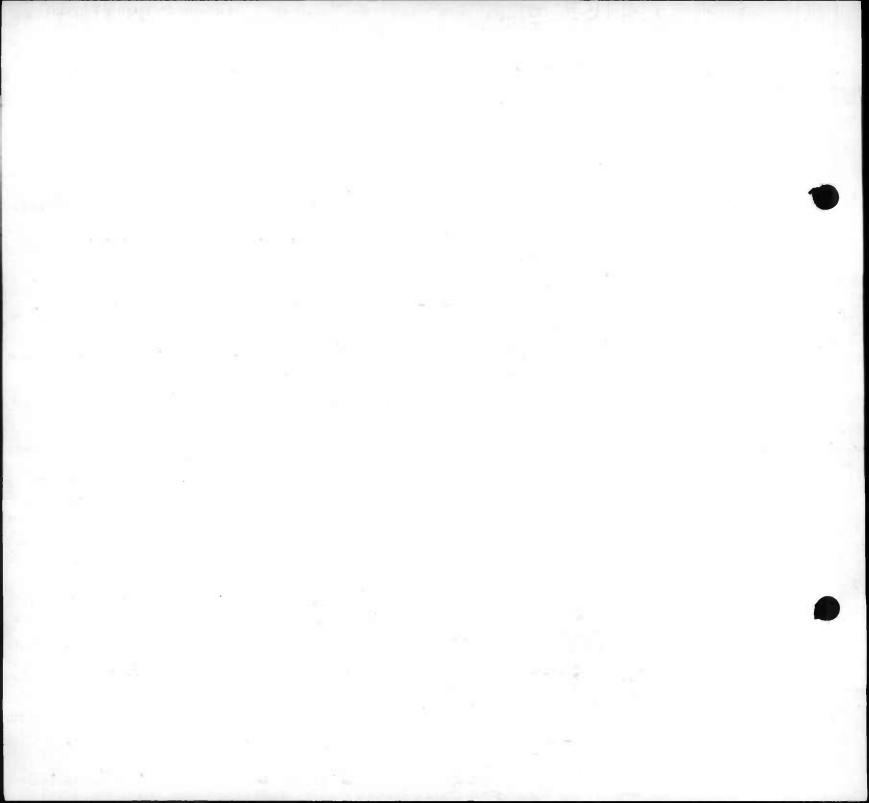
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

	27	110	00.4		BALTIMORE CITY	HEALTH DEPARTMENT		00 11 00	
	BIRTH N	- <i>6/0</i>	69 1	1880	CERTIFICA	TE OF DEATH	REG. NO	69 11880	-
	1. NAME (Type or	Print) Minn	ie J. Mu	rph4.			Nember 24	1969 1025pm	۸.
	3. PLAC	E IN BALTIMORE, A	ARYLAND, WHE	E PRONOUNCE	D DEAD	4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived. If in	stitution: residence before odmission)	-
	HOSPITA	ALOR ADD	OT IN HOSPITAL	OR INSTITUTION	N, GIVE STREET		nne aru		
	INSTITU	arbor View	W Mursi	no Ho	me	anna poli		YES NO	
6	9		Light	/ /	<i>"10</i>	56Pleasant	- st.		-
mad	S. SEX	6. RACE		MARRIED N	IEVER MARRIED DIVORCED	8. DATE OF BIRTH 8/5/9:44	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	=
n is		JAL OCCUPATION (Cing most of working life,		KIND OF BUS		11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY	?
disposition	14	ouse a	refe			Iklson Co	· Verginia	USA	
pos	13. FATH	IER'S NAME	Unit			14. [MOTHER'S MAIDEN N	AME MAN	, 6	
	15. Was	Deceased Ever in U.	S. Armed Forces		SOCIAL	17. INFORMANT	111.11.12	MADDRESS/ No	_
final	(Yes, no o	norunknown) (If yes, gi	ve wor or doles of	service)	SECURITY NO.	71/10/2000	Muchen	Highway Hample	¥.
or f	18.	25019	1		CAUSE OF DEAT	H	fugue	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	-
pa		DISEASE OR CO							
balm		s does not meon	2018						
шр	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)								
9	DISI	EASES OR COND	ITIONS IF ANY	aivina	(B) DUE TO, OR AS	A CONSEQUENCE OF:	Cliffen	glas. 5	
s ar	rise	In the obove	couse (A) slo						
ain			11		(C)			Mars le	_
remai	E 10 1	ER SIGNIFICANT CO	RELATED TO THE T	ERMINAL	Dece	hetris a	Cars	Sent s	
the		DATE OF OPERATION		ON FOR WHIC	H OPERATION	20A. AUTOPSY? (Yes or	No) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	-
before	U 21A.	ACCIDENT WAS U	NDERLYING [n or obout 21C. WHERE DID	(If in Boltimor	e City, give exact location)	-
bef	DEA	CONTRIBUTING C	cominer)	etc.)	rm, roctory, street, o	ffice bldg., INJURY OCCUR?			
ped	S OF I	INJURY	(Doy) (Year) (H		JRY OCCURRED	21F. HOW DID I	NJURY OCCUR?		-
fain	(APP	PROX.)		While At	Al Work				
obt	22.	I certify that (1)	h is huspita l) o	tended the de	eceased from		1962 to 10	1969	,
pe.				_		iew the body after deat		nian deoth occurred on the dote	ð
must		SIGNATURE	11/	above. (ii)	(dia) (C.C. Iloi)	Tew file body differ dean	16	23B. DATE SIGNED	-
	6	M.C.	Teler	Just	DEGREE Phy	Med. Director	Staff Phys.	100 24 /965	
rov		PHYSICIAN'S NAME (Type)	2150	1131	The Mi	23D. ADDRESS		004	
approval	24A. BUF	RIAL CREMATION,	24B. DATE	24C. NAME	OF CEMETERY OF CR	MATORY 124D.	LOCATION (C)	ity, town, or county) (State)	-
	R	MOVAL (Specify)	11/25/	a Qui	ideras		De la cara	Po YIA	
written	25A. DA	TE REC'D BY HEALT	H-SERT. 250	NAME OF RE		25C. FUNERAL DIRECT	OR OF	ADDRESS /	7
}	DE	6 % ROA	July Carlo and	J - Coyer	700	0 18 48 April	earl funeral	Hance Kickmigg	=
	A2 120-K	REV. 1/1/68							



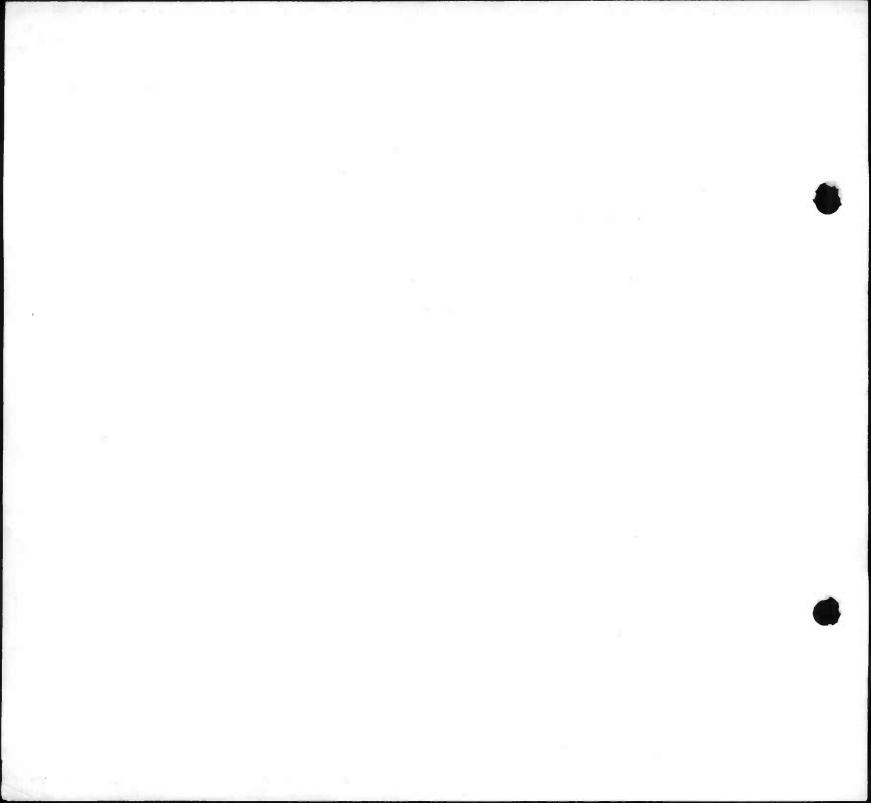
CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) Norman A. Copeland 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: resider A. STATE B. COUNTY	
(Type or Print) Norman A. Copeland Nov. 27, 1969 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 14. USUAL RESIDENCE (Where deceased lived. If institution: residen	
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: resider	130 M
	e before odmission)
	-08
HOSPITAL OR ADDRESS OR LOCATION) D. INSIDE CITY_LIMITS C. CITY_OR_TOWN D. INSIDE CITY_LIMITS	
Baltimore YES #	NO 🗌
3812 Colborne Road E. STREET AND NUMBER	
3812 Colborne	
SEX 6. RACE 7. MARRIED 1 NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (In years lost birthday) Months; Doys	If Under 24 Hrs. Hours Min.
Male Negro WIDOWED DIVORCED 12/16/06 62	
OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN (one during most of working life, even if retired)	F WHAT COUNTRY
Head Waiter King Contrivance Norfolk, Va. U.S.	•
FATHER'S NAME 14. MOTHER'S MAIDEN NAME	90
Junius L. Copeland Geneva	
	RESS
No 213-03-2941 Mrs. Catherine Copeland 3812 Coll	orne Rd.
118. CAUSE OF DEATH	ROXIMATE INTERVAL
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) sloting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	extrem
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	4 hos
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONDITION WAS PERFORMED	SIDERED 4?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exo home, form, foctory, steet, office bidg., INJURY OCCUR?	t locotion)
DEATH (notify medical examine) etc.)	
21D.TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Work At Work	
22. 1 certify that (1) (this haspital) attended the deceased from,	27 19 69
that (I) (we) last saw the deceased alive an	
and hour and from the couses stated above. (1) (**********************************	
23A, SIGNATURE	NED
Ceris Caetan Attending Med. Staff Phys. 12 /	1/69
23 C. PHYSICIAN'S 23D. ADDRESS	1-1
Cliff Ratliff, Jr., M.D. 4605 Edmondson Avenue	
DEGREE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or con	nty) (Stote)
Burial 12-1-69 Western Star Cemetery Baltimore	Md.
	DDRESS
DEC 2 1969 3 Self E Falle 900 0 putter Fune al Home 3035 W. Nor	
\$ 150-REV. 1/1/6B	

BALTIMORE CITY HEALTH DEPARTMENT



hospital and use of deoth ; (5) Deceosed u o death. once cause conse; attend 0 contributing prior etermined regular Ū is ma eceased final disposition 2 9 (4) Und Ö Was the death 0 7 kind; attendonce any pronounced 0 his lmed o fracture embal regular who are 2 physicion remains Was medical physicion the chief the before ere the hospital °Z nature; ¥. obtained 9 approved (except and any 0 pe of eath) hospital must accident Ď 0 approval Ø prior a D.O.A. deceased he body

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 27 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institutions residence B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS MIONSITY Of Mary IAND DSOMIT YES U NO T E. STREET AND NUMBER 5. SEX 6. RAC 7. MARRIED NEVER MARRIED 9. AGE (In years Il Under 1 Yi. Months: Days Il Under 24 His. Haurs Min. last birthday) DIVORCED WIDOWED 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? dane during most all warking life, even if retired) Housewife 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME SDSO 15. Was Deceased Ever in U. S. Armad Farces? (Yas, no ar unknawn) (If yes, give war ar dales of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Carolyn Simms Johnson 1804 N. Appleton St. 12-34-8209 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE Consestin mas (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: hearl failure, osthenia, etc. Il means the disease, injury ar camplication which caused death.) **ANTECEDENT CAUSES** DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. heumatic Н CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED Stemosus MITRAL 21 A A CCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID hame, form, factory, streat, office bldg., INJURY OCCUR? (If In Baltimore City, give exact location) MEDICAL DEATH (notify medical examined 21 D. TIME (Day) (Hour) (Manth) (Year) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Wark At Wark 22. I certify that (1) (this hospital) attended the deceased from 19 that (1) (we) lost sow the deceased alive on ond that In(my) (our) opinion death occurred on the date ond hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 238, DATE SIGNED Attending Med. Stoff Phys. Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) 24B, DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, tawn, at county) (State) 12-2-69 Mt Auburn Cemetery Baltimore id 25A. DATE REC'D BY HEALTH DEPT. 25E NAME OF BEGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Funeral Home Morth Ave VS 150-REV. 1/1/6B



(Type ar Print)

FULL NAME OF

Female

HOSPITAL

6. SEX

CERTI

23.

25A. DATE REC'D BY HEALTH DEPA

VS 151-REV. 1/1/68

258. NAME OF REGISTRAR

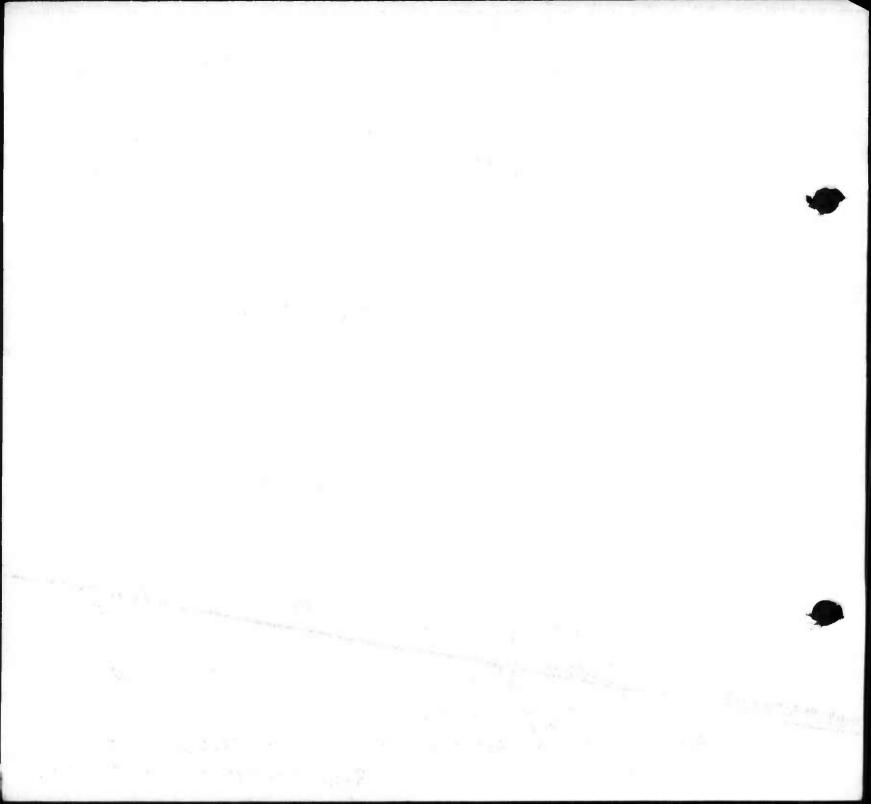
250 FUNERAL DIRECTOR

ADDRESS



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	1-460	00	11-0	BALTIMORE CITY	HEALTH DEPARTMENT					
		69	11884		TE OF DEATH	REG. NO	69 11884			
	RTH NO.			CLKTITICA						
	pe or Print)	a Tan	1.0.		2. DATE	AND HOUR OF DEATH	1100 4.4			
3.	PLACE IN BALTIMORE, A	AARYLAND, WH	ERE FRONOUN	CED DEAD	A LISUAL PESIDENCE (W	1//18/69	stitution: residence before admission)			
1					A. STATE B. CO	UNTY	stitution: residence before wdmission)			
FL	ILL NAME OF (IF NO SPITAL OR ADD	OT IN HOSPITAL	OR INSTITUT	ION, GIVE STREET			1537			
IIN	STITUTION				C. CITY OR TOWN		DE CITY LIMITS?			
1					E. STREET AND NUMBER	1 D.	YES NO 🗌			
12	much sit. M	m10. 40	aspit	- O.		1	y			
5.	SEX BIRACE	7.11		Maria Maria C	B. DATE OF BIRTH	udawmin.	Ave #16			
¬	MalalNa		MIDOMED \	NEVER MARRIED		9. AGE (In years lost birthday)	Months Days Hours Min.			
10/	LUSUAL OCCUPATION			DIVORCED USINESS OR INDUSTRY	10-10-04 11. BIRTHPLACE (State or Id	65				
do	e during most of working lile,	even if retired)			Y SIK THE CE (SIGNE OF IT	oreign country)	12. CITIZEN OF WHAT COUNTRY			
13	FATHER'S NAME				Ya		4.5.			
```	LWILLEY 2 HWWS.	1			14. MOTHER'S MAIDEN N	AME				
H	iram, To	2ylor								
15. (Ye	Was Deceased Ever in U. s,no or unknown) (If yes, gi	& Armed Forces	of service)	SECURITY NO.	17. INFORMANT	1	ADDRESS			
			112000000	3200Kiii 110.	Horasto	1000	· C			
	18.	1	1	CAUSE OF DEATH	1 Julian	174 1616	APPROXIMATE INTERVAL			
	DISEASE OR CO	NDITION DIREC	CTLY		,01		BETWEEN ONSET AND DEATH			
	LEADING	TO DEATH		(A)IMMEDIATE CAU	tierlarate	d dundous!	ules: in Same			
	lThis does not meon the heart failure, asthenia, injury ar camplication v	olc. Il means th	e disease	DUE TO, OR AS	CONSEQUENCE OF:	<u> </u>	Many 1			
		NT CAUSES	BO (11.4)	/	Bough.	d	1			
	DISEASES OR COND		v eivina	(B)	A CONSEQUENCE OF:	morna	***********************************			
	rise to the abave	cause (A) si	oling the	00E 10, 0K A3	A GONSEQUENCE OF					
	UNDERLYING CONDIT	ION lost		(c)	sepais -	******************************				
z		1		0 1	20	- 1				
CATIO	OTHER SIGNIFICANT CON TO THE DEATH BUT NOT	RELATED TO THE	TERMINAL	acute	renal fai	lure)				
	DISEASE OR CONDITION	GIVEN IN PART 1	IA)_	CH OPERATION	20A. AUTOPSYZAYes or I	Vall 208 18 Vec week	hands of the same			
CERTIF	11/8/69	WAS PERFOR	MED -	1 de const	les NO	IN CERTIFYING CAU	INDINGS CONSIDERED			
ü	21 A. A CODENT WAS UP	DERLYING	218. PL	ACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If In Rollings	City, give exact location)			
141	DEATH Inotify medical ex	AUSE OF	home,	form, foctory, street, off	ce bidg., INJURY OCCUR?	hr tti pommore	City, give exact location;			
121		Day) (Year) ()	Houd 21E (N	JURY OCCURRED	015 110					
ME	OF INJURY (APPROX)	Doy, (lean (	While		21F. HOW DID IN	IJURY OCCUR?				
			Work	Al Work			1			
	22. I certify that (1) (t	his hospital) o	ttended the	deceased from	11/8/69	to	11/18/69 19			
	that (i) (we) last sow	the deceased o	olive on	11/8/4	9 9 19 ond t	hat In(my) (our) opin	ion death occurred on the date			
	and hour and from the causes stated above. (i) (We) (did) (did not) view the body after death.									
	23A. SIGNATURE	1 +	11		•		238, DATE SIGNED			
	9	Keler	1.10MA	Action After Phys.	ding Med. Director	Shaff Phys.	11/8/69			
	23C. PHYSICIAN'S NAME (Type)	,/	/ 4.000	DE OKOL	D. ADDRESS	111/4	11/201			
	7/	Verino.	AC-	M·IY	1		•			
24A	BURIAL CREMATION, 2	48. DATE /9/6	24C. NAM	DEGREE OF CREATERY OF CREATER	MATORY 24D.	LOCATION (City	, lawn, or county) (State)			
	REMOVAL (Specify)	22nd Noy	1/	1		) 11	A			
25A	DATE REC'D BY HEALTH	, ,	B. NAME OF	EGISTRAR		5 a Himore	County			
r	EC 2 1969	20.00	7.0 1.	(A) (3)	RAY MEY SAY	plove 317E	Preston St.			
VS 1	50-REV. 1/1/68	TOOK DEL	MENDER A		I LEAMEN BULL	1117 2116	TIPESTON ST.			



released to the hospital by a medical examiner. Also, it the direct or contributing cause of dearn of acident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased a hospital (except where the physician who pronounced death was in regular attendance on the root death); and (6) No physician was in regular attendance on the deceased prior to death. Such and must be obtained before the remains are embalmed or final disposition is made.
al by a medical examiner. Also, it the direct or contributing cause of death

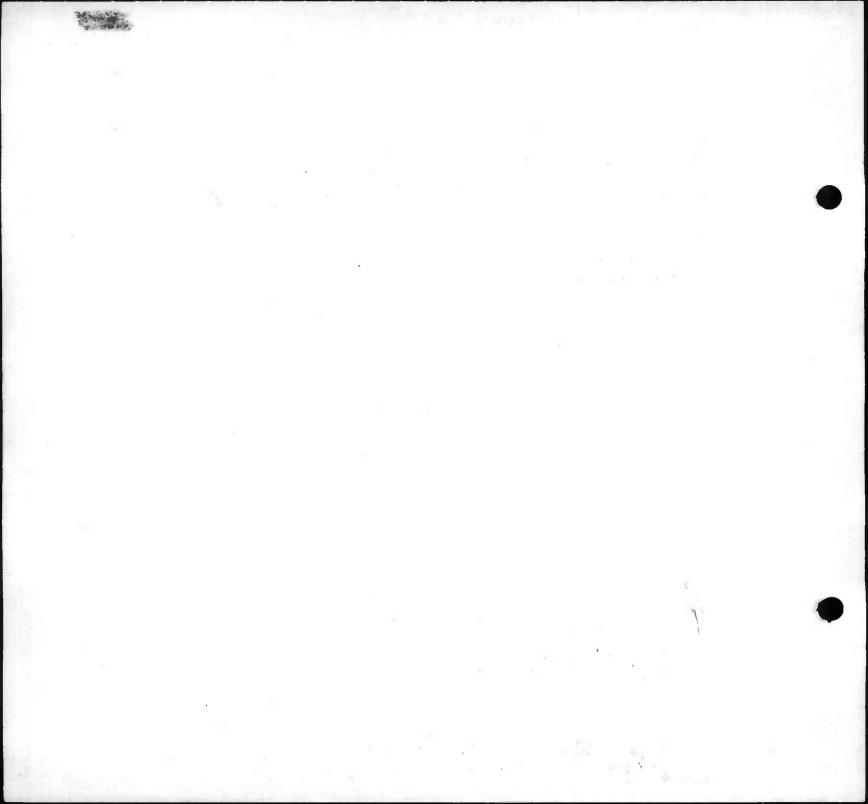
1	BALTIMORE CITY HEALTH DEPARTMENT  SO 11885 CERTIFICATE OF DEATH X REG. NO. 69 11885
7005	BIRTH NO. 69 11885 CERTIFICATE OF DEATH X REG. NO. 05 11805
l and death eased n the Such	1, NAME OF DECEASED 2. DATE AND HOUR OF DEATH
- 9 6 d	November 30, 1969 5:30 pm.
hospital ise of d (5) Dece ance on death.	A, STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR LOCATION)  ADDRESS OR LOCATION)  D. INSIDE CITY LIMITS?
20000	Overlea YES NO XX
ting c d caus r atter prior t	E. STREET AND NUMBER
F 3 0 5 5	Union Memorial Hospital 5169 Terrace Drive  5. SEX   6. RACE   7. MARRIED     B. DATE OF BIRTH   9. AGE (In yeors   If Under 1 Yr. ,   I Under 24 Hrs.
2 4 5 5 6 6	5. SEX 6. RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) Male Caucasian VIDOWED DIVORCED June 6, 1921 48
on on on on on on on on on on on on on o	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
direct or c direct or c ; (4) Undet th was in in the dec	done during most of working life, even it retired) Inspector Balto. Co. Lighting Baltimore, Md. USA
de Curas	13. FATHER'S NAME
irective (4)	Alexander W. Shubenok Helen Novitzky
nd; nd; sath al di	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  Yes World War 2  16. SOCIAL SECURITY NO. 220-05-4871  Clifford Shuhenok 4776 Shamnock Are 2120-6
assistant if the dif ny kind; d death ance on r final di	- STATE STATE OF THE STATE OF T
0 0 0	18. CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
r. Also, ture of cronounce after	LEADING TO DEATH
0 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease,
aci aci	ANTECEDENT CAUSES
Xami A fr Who reg	DISEASES OR CONDITIONS, if ony, giving  DUE TO, OR AS A CONSEQUENCE OF:
9 6 6	rise to the above cause (A) stating the UNDERLYING CONDITION last.
ical ical is; cia cia ain	. 1
med edic burr hysi n w rem	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
dy la plant	▼ (DISEASE OR CONDITION GIVEN IN PART 1 (A).
by a med by a med 2) Body by e the phy physician fore the re	198. CONDITION FOR WHICH OPERATION NO PERFORMED 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
== ====================================	U 21A. A CCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID NOR CONTRIBUTING CAUSE OF Larm, factory, street, office bldg., INJURY OCCUR?
5.5 5.4 Z 4	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
oved be hosp r naturation (cept wide) tained	While At Not While Work
y r y r xcc	22. I certify that (I) (this hospital) attended the deceased from
000.0	that (I) (we) lost sow the deceased alive on
9 9 9 7 9	ond hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.
deat deat deat must	23A. SIGNATURE  Attending Med. Staff Dec. 2, 1969
a h	23C. PHYSICIAN'S    DEGREE   Phys.   Director   Phy
was r An a A. at c prior	NAME (Type)
ertificat ody was s: (1) An D.O.A. at ised pric	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)
his certifue body hows: (1) ras D.O. eceased rritten a	burial Dec. 4,69 Dulaney Valley Mem. Gardens Baltimore, county, Md.
This cer the bod shows: was D.( decease	25A. DATE RECO & HEAT GETT 238. RAM OF REGISTRA 25C. FUNERAL DIRECTOR ADDRESS  Dippel Bross Inc. 7110 Belair Rd.
三十二 3 ウ 3	Green Committee (110 Betair Rd.

Rippel Bros Inc. 7110 Belair Rd. DECZ V\$ 150-REV. 1/1/6B

The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s There was the first 

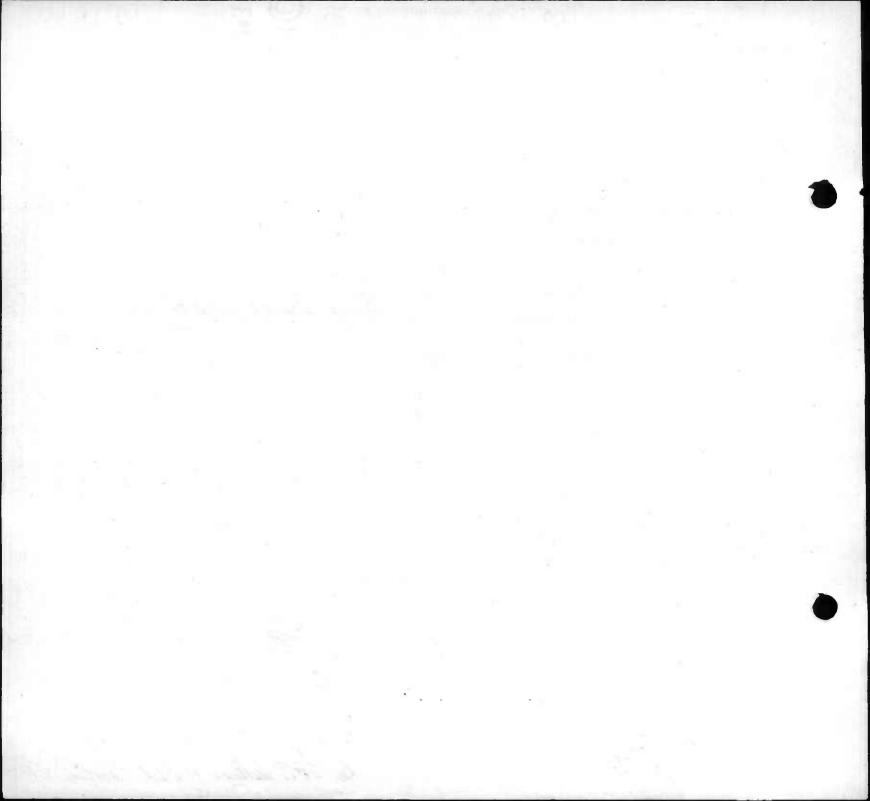
1	<	5-140 69 11886 BALTIMORE CITY HEALTH DEPARTMENT 69 11886
	-	CERTIFICATE OF DEATH
and eath ased the Such		TH NO. POLICE ASED 2. DATE AND HOUR OF DEATH
- T 0 E	(Тур	pe or Pant 56 202. Balry Surl Brun 10110169 8 AM.
hospital ise of (5) Dece ance or death.	3, 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where doccosed lived. If institution; residence before admission)  A. STATE 7 B. COUNTY
hosp ise (5) I ance dea	FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 3705 Wood Land Que, 27-16
D _	HO	DSPITAL OR ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
in a ng cause; cause; attend	1	WELL OF MICH VEST NO TEST NO T
E 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1	E. STREET AND NUMBER
de de	5. S	BALTIMORE, Md. 21216 STOF Wood Land QUR - SEX G. RACE 7. MADDIED NEVED MADDIED B. DATE OF BIRTH 9. AGE (In yours If Under 1 YI., If Under 24 His.
22 5 7 8	J. 3	lost birthdoy) Months Doys Hours Min.
occu ontri ermi regu regu is m	†0A	DIVORCED 10. 8. 69 324 000 12. CITIZEN OF WHAT COUNTRY?
ec no	done	e during most of working life, even if retired)
deat Onde as in	13.	FATHER'S NAME  14. MOTHER'S MAIDEN NAME
direct or j; (4) Und h was in n the disposition		million of Coll
dir di, (	15.	Was Decossod Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT APDRESS
	(Yos	s, no or unknown) (If yos, give wer or detes of service) SECURITY NO.
SS T T EI	_	18. CAUSE OF DEATH APPROXIMATE INTERVAL
o de la		DISEASE OR CONDITION DIRECTLY
- v o > + b		
ono ono oli rat		(A) IMMEDIATE CAUSE   WM E TU R I T Y  (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,
ner act pr pr		injury ar complication which caused death.)
E.E.T. O DO		ANTECEDENT CAUSES (B)
X 0 4 3 - 5		DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the
S E E S		UNDERLYING CONDITION lost. (C)
dical dical rrns; ( sicia was	7	
be bed hy	TION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL
# E > 0.0 0	ICA	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yos of No. 2)   20B. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?
ch Bo th th ys	ERTIFIC	O C
the all by (2) ere o ph efor	U	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (o.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
No Pe	0	
ved by hospit nature ept wh d (6) N	MEOI	OF IN IURY
>	<	(APPROX.) While At Work At Work
		22. I certify that (I) (this hospital) attended the deceased from
000.0		that (1) (we) lost saw the deceased alive on
		ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
ust be eased dent ospit deat must		23A. SIGNATURE  23B. DATE SIGNED  Attending Mod. Stoff
ele cci ab to		M. J Rooth M. V. DEGREE Phys. Director Phys.
		23C. PHÝSICIAN'S NAME (Type)  ANA TOMY ROARD OF MARYLAND
- 4	24 ^	A. BURIAL CREMATION, [248, DATE   24C, NAME of CEMETERY of CREMATORY   24D, LOCATION   (City Journa programity) (Stote)
E 7 0 0 -	244	REMOVAL (Spocify) 246, NAME OF CEMETERY OF CREMATION, 1246, NAME OF CEMETERY OF CREMA
ws: (bod ws: D.C		A. DATE REC'D BY HEALTH DEET. 1258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
N -> N 0 +	25 A	
This certhe bod shows: (was D.C decease	25A	A DATE REC'D BY HEALTH DIET. 238 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT 69 11887 REG NO CERTIFICATE OF DEATH hospital and use of death (5) Deceased the Such 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Pring) no hospital OKOKKE. eath. 4 USUAL RESIDENCE (Where deceased lived, If institution: resident 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD e before odmission) ance B. COUNT cause FULL NAME OF (IF NOT IN HOSPITAL" OR INSTITUTION, GIVE STREET ŏ HOSPITAL OR ADDRESS OR LOCATION) D INSIDE CITY LIMITS attend cause; 0 0 YES 2 NO [ prior STREET AND NUMBER contributing etermined made regular 9. AGE (In years If Under 24 Hrs. 6. RACE If Under 1 Yr. MARRIED NEVER MARRIED deceased last birthday Hours WIDOWED DIVORCED disposition is IOB, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE 12. CITIZEN OF WHAT GOUNTRY? death M as 14. MOTHER'S MAIDEN the 13. FATHER'S NAME assistant LO death 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give war or dates of service) 6. SOCIAL 7. INFORMANT final SECURITY NO. attendance any DEATH pronounced 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH (A)IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, gular injuly at camplication which caused death.) ANTECEDENT CAUSES who 9 are DUF TO. DISEASES OR CONDITIONS, if any, giving sloling the 3 la the above cause (A) physician the remains UNDERLYING CONDITION last. medical **SDM** medical П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A) Body chief CERTIFIC, 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION J WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before the (2) 21A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF CAL hospital å etc. DEATH (notify medical examiner) nature; MEDI obtained 21D. TIME (Haur) (Month) (Doy) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Year) 9 OF INJURY Not While approved (except While At (A PPROX.) At Work and Wark to the any 22. I certify that (1) (this haspital) attended the deceased fram. 19 6 5 that (\$) (we) last saw the deceased olive on and that in (157) (aur) opinion death accurred on the date pe ō hospital death) and have and from the causes stated above. (*(We)((did))(didnot) view the body after death. must accident 23A. SIGNATURE 23B. DATE SIGNED Attending Director 0 approval 0 23D. ADDRESS 23 C. PHYSICLAN'S prior at 4 24A. BURIAL CREMATION. CEMETERY OF CREMATOR 24D. LOCATION eceased the body o REMOVAL (Specify written shows: SD M D VS 150-REV. 1/1/6B



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BALTIMORE CITY HEALTH DEPARTME	VI 69 11600
E-524 69 11888 CERTIFICATE OF DEAT	H REG. NO. 00 11800
1. NAME OF DECEASED 2. DA	TE, AND HOUR OF DEATH
(Type or Print)	12169 11250 P M.
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE	(Where deceased lived. If institution; residence before admission)
A. STATE 8.	COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MD.	104
HOSPITAL OR ADDRESS OR LOCATION)	D. INSIDE CITY LIMITS?
JOHNSHOPKINS HOSPITAL BALTIME	VES NO
E. STREET AND NUM	
163 5 N	1/2CIMAN ST.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED 1 DIVORCED 9 - 2 5	9. AGE (In years   If Under 1 Yr.   If Under 24 Hrs.   Hours   Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State	or loreign country)   12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	
Housewile Wara	ma
13. FATHER'S NAME	NAME
Garage (LASTRAME) Yelles	
Cricto while fully	
15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT   (Yes, no or unknown) (If yes, give wor or dates of service)   SECURITY NO.	ADDRESS
May 1 Ve	-1 1/26 8 M. 11/1 CX
18. CAUSE OF DEATH	APPROXIMATE INTERVAL
W 7	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(A) IMMEDIATE CAUSE Completing	Heart Doilure -> 15 years
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or camplication which coused death.)	
	entral Hypertension 15 years
ANTECEDENT CAUSES  (B) A SCUD + Each	entral Hypertension - 15 years
DISEASES OR CONDITIONS, if any, giving Due 10, OR AS A CONSEQUENCE OF:	
rise to the above cause (A) stoling the UNDERLYING CONDITION last. (C)	
(4)	
Z chronic Renal failure	- 5 years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL    DISEASE OR CONDITION GIVEN IN PART 1 (A).	il insufficiency of Oley
☐ ☐ 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes	or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
11-23-69 WAS PERFORMED of C leg 2º ASUD	IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE	OID (If in Boltimore City, give exoct location)
OR CONTRIBUTING CAUSE OF home, farm, foctory, street, office bldg., INJURY OCC	UR?
DEATH (notify medical examiner) etc.)	
	D INJURY OCCUR?
S OF INJURY  (APPROX.)  White At Not While	
WORK AT WORK	
22. I certify that (I) (this hospital) attended the deceased from 10-18	19 69 to 11-27 19 69.
	and that In(my) (our) opinion death occurred on the date
ond haur ond from the couses stated above. (1) (We) (did not) view the body after d	
23A. SIGNATURE	23 B. DATE SIGNED
Lorold W Byen in D. Attending Med. Director	Staff Phys. 11-27-69
DEGREE	- inys it
NAME (Type) DONALD 1.1 DOVAM M.D.	HOOKING HOOFIETH
THE JOHNS	HOPKINS HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY	24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	Ce1/2-t- 1 1
Bureal 141 69 Mr (Pulary) Cemelery	Wellport me
25A. DATE REC'D BY HEALTH DEPT. / 15B. NAME OF REGISTRAR 25C. FUNERAL DIE	ECTOR ADDRESS
DEC X HOS DOGGE & WARE TO A MINERY	Tokor 1170 To Contino SL
Value // Co	Margue VI



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1/167. 00 11889	ORE CITY HEALTH DEPARTMENT  IFICATE OF DEATH  REG. NO. 69 11889					
I. NAME OF DECEASED						
(Type or Print) EVANS ESTELLE						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ST ADDRESS OR LOCATION)	700					
	D. INSIDE CITY LIMITS?  BALTIMORE  YES  NO					
4 Union MEMORIAL Hospital	E. STREET AND NUMBER					
	1328 HOMESTEAD AVENUE					
	RCED 12-12-15   last birthdoy 54   Manths Day's Hours Min.					
IOA. USUAL OCCUPATION (Give kind of work IOB, KIND OF BUSINESS OR I	INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME	VIRGINÍA U.S.A.					
	14. MOTHER'S MAIDEN NAME					
MANNING JEFFERSON	ROSA MCFADDEN					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war or dates of service)	NO. 17- INFORMANT ADDRESS					
18. CAUSE C	OF DEATH  APPROXIMATE INTERVAL  APPROXIMATE INTERVAL					
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH					
LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A) MME	DIATE CAUSE Congestive Heart Kulent					
heori foilure, osihenia, etc. Il meons the disease, injury or complication which coused death.)	TO, OR AS A CONSEQUENCE OF:					
ANTECEDENT CAUSES	Artered sclerotic cardis vasaulas Quenna					
DISEASES OR CONDITIONS, if any, giving DUE 1	TO, OR AS A CONSEQUENCE OF:					
rise to the obove cause (A) stoling the UNDERLYING CONDITION lost. (C)	04					
11						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INITION	ON 20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
OR CONTRIBUTING CAUSE OF home, form, factory, etc.)	URY (e.g., In or about 21 C. WHERE DID (if In Baltimore City, give exact location) street, affice bldg., INJURY OCCUR?					
21D.TIME (Month) (Day) (Year) (Haur) 21E. INJURY OCCU	RRED 21F. HOW DID INJURY OCCUR?					
(APPROX.) While At Work	Not While At Work					
22. I certify that (I) (this hospital) attended the deceased fr	rom NOVEMBER 30 19 69 to NOVEMBER 30 19 69					
that (i) (we) last saw the deceased alive on NOVEMBE	R 30 19 69 ond that in(my) (our) opinion death occurred on the date					
ond haur and from the couses stated abave. (1) (We) (dId) (d	lid not) view the body ofter deoth.					
23A. SIGNATURE  M.D. Attending Med. Shaff DX NOVEMBER 30,						
23C. PHYSICIANS MIGUEL KARACUSCHANSKY	M.D UNION MEMORIAL HOSPITAL					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETE REMOVAL (Specify)	GEGREE					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS ADDRESS					
DEC 2 1969 ( St. E 4 19 ) ( VS 150-REV. 1/1/68	1 grafit, Oliebean 1/291. Cardin					

9 2

.

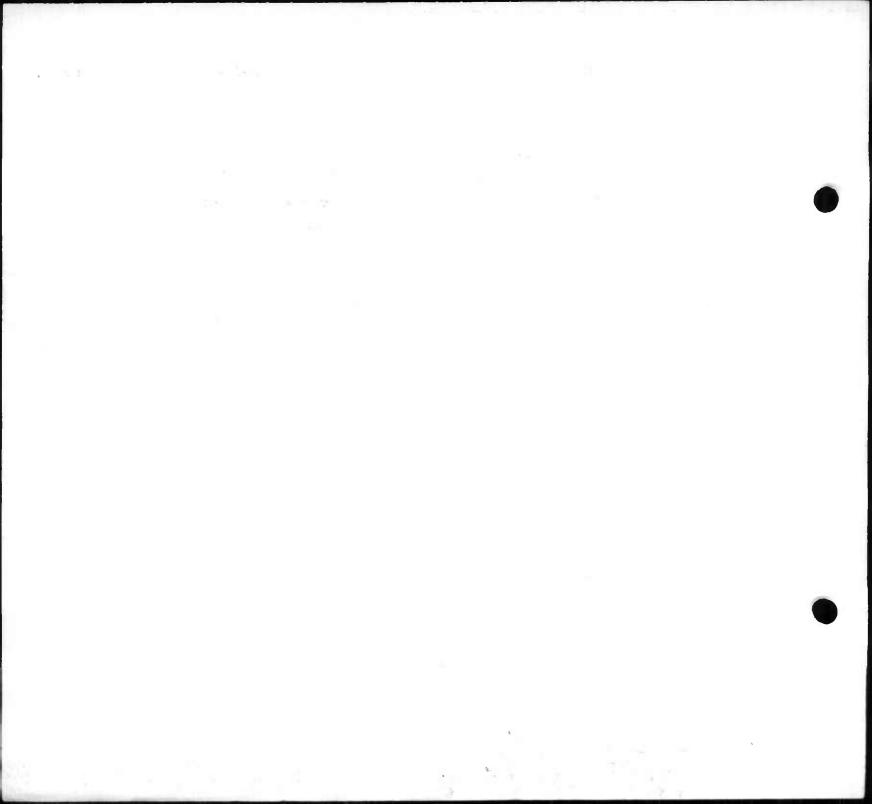
And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s

AN TO THE REAL PROPERTY.

The the standard was to be a second to be the

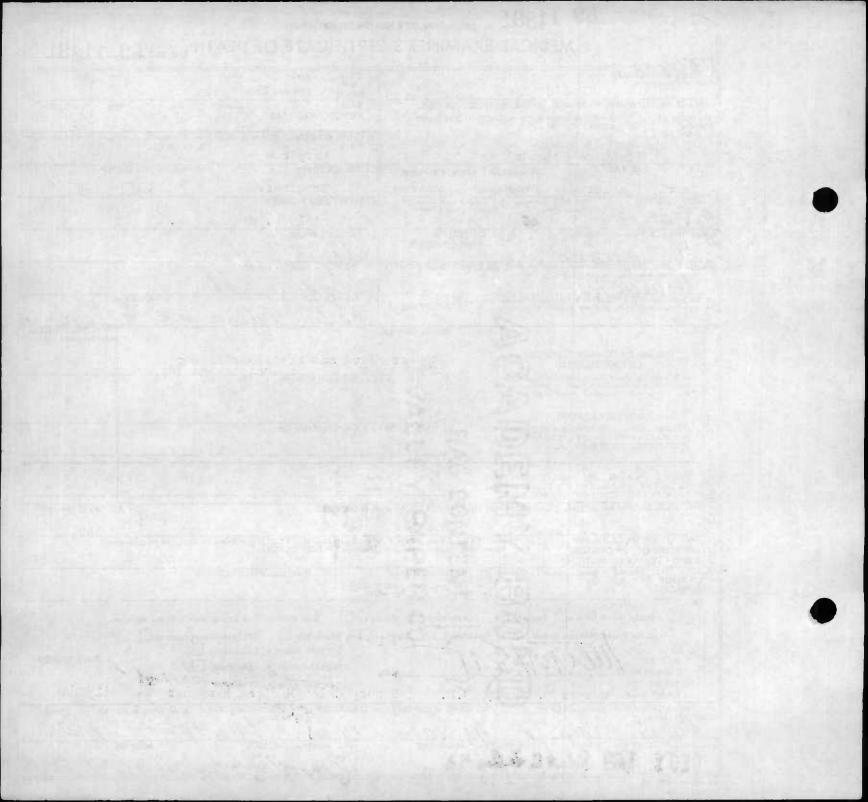
This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. VS 150-REV. 1/1/68

	a 200	5		BALTIMORE CITY	HEALTH DEPARTMENT		00 44-00		
BI	RIH NO.	69	11890	CERTIFICA	TE OF DEATH	REG. NO	69 11880		
1,	NAME OF DECEA					AND HOUR OF DEATH	1		
IL.		FRED COX				11-30-69	10:50 P. M.		
3.	PLACE IN BALTIA	AORE MARYLAND, W	HERE PRONO	UNCED DEAD		here deceased lived, if I JNTY	institution: residence before admission)		
FL	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET	MARYLAND		1002		
IN	ISTITUTION				C. CITY OR TOWN BALTIMORE	D. IN	SIDE CITY LIMITS?		
	57	MERCY HOSP	ITAL		E. STREET AND NUMBER		YES A NO		
					1016 ABBO	TT CT.			
5.	SEX 6.	RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Il Under 1 Yr. Il Under 24 Hrs. Months! Days Hours Min.		
	MALE	NEGRO	WIDOWED		8-12-03	EMIT .	Monins Days Hours Min.		
doi	Active	King life, even it refired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sicto or for NORTH CAR		USA		
13.	FATHER'S NAME	DANIEL CO	X		14. MOTHER'S MAIDEN N CORA ALLE	ame N			
15. (Ye	Was Deceased Ev s, no or unknown) (If	er in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	no				Puth Car	6 161h A	Hat At		
	18. 162	, / 1		CAUSE OF DEATH	1 11120 00-9	joic as	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		OR CONDITION DIS	RECTLY	Ca of	lune with a	meral of m	FOLKEN ONSELAND DEATH		
	(This does not	mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	SE / / / A CONSEQUENCE OF:	8 (1)	months		
	injury or compli-	lhenia, elc. Il meons calion which coused	the disease, death.)	20210,0000	- CONSEQUENCE OF:				
	AN	TECEDENT CAUSES		(0)		W			
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:								
	UNDERLYING	ONDITION lost	sloling the	(c)		-			
-		11							
OF OF	I IO THE DEATH B	NT CONDITIONS CON	E TERMINIAL						
CA	DISEASE OR CON	DITION GIVEN IN PART	Γ Ε /Δ1.	VHICH OPERATION	120A. AUTOPSY2 (Yes, or	ION 208 HE VEC WERE	FINDINGS CONSIDERED		
E	23 4	WAS PERF	ORMED		Ugo	IN CERTIFYING CA	USES OF DEATH?		
1	21 A. A CCIDENT	WAS UNDERLYING	218.	PLACE OF INJURY (e.g., In	or obout 21C, WHERE DID	(If In Baltimor	re City, give exoct location)		
0	DEATH (notity me	dicol examined	O etc.)	of folial foctory, stock dis	ice sings, income occom				
MEDI	21D. TIME (NOF INJURY	lanth) (Doy) (Yeor)		INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?			
-	(APPROX.)		Wark	At Work	<b>4</b>		~ /		
		t (this hospital)		e deceased from	11/25	1967 10	11/30 19/8		
		at saw the decease		11/30	19 6 P and t	hot In (1997) (our) opl	nion death accurred an the date		
	and hour and from the causes stated abave. (*) (We) (did) (did) view the body after death.								
	23A. SIGNATURE	130 h	1	M.D. AHAN	iding Med.	5. 11 +	23 & DATE SIGNED		
	23C. PHYSICIAN'S	1	7 1	DEGREE Phys.	Director L.	Shaff Phys.	12/1/67		
	NAME (Type)	BARB	EDO	M. D.	3D. ADDRESS				
24A	REMOVAL (Spec	IION, 248. DATE	24C.NA	ME of CEMETERY OF CREE	MATORY 24D.	LOCATION (CI	ity, town, or county) (State)		
25 A	DATE REC'D BY	Weer4/	9 /M	Muburn	Cem	Westp	out md,		
	DEC 2	1969 22	25B NAME OF	REGISTRAR	25C, FUNERAL DIRECTO	11. 00	ADDRESS 1/10 A C. O. TO		
	2014	INDO AND		200	1000000	- Millian Y	70ml //24/1000000		



69 11891

K-200			COT		ALTIMORE CITY HE							1
BIRTH NO.		WED	ICAL	EX	AMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO	69 1	1891	
I. NAME OF DE	CEASED					2. DATE	Knawn XX	Manth	Doy	Yeor	Hour	
(Type or Print)		Sadie	Rees	e		OF DEATH	Estimated					
4. PLACE IN BA	LTIMORE, MA	RYLAND, W	HERE PR	ONOU	NCED DEAD	3. DATE		Month	Doy	Yeor	Hour	<u>M.</u>
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPITA	L OR INST	NOITUTI	I, GIVE STREET		UNCED DEAD	11	30	69	2:23	Р м.
22	33 Hopkins Hospital					A. STATE	ESIDENCE (When	e deceosed li	B. COUNTY		7 0 0	ssion)
6. SEX	Hopkir 17. RACE	s Hosp				C. CITY OF	Maryland		To wisins	CITY LIMITED	22	
	MAKKIED LI NEVEK MAKKIED LI								D. INSIDE	CITY LIMITS?		
female	color		WIDOW		DIVORCED L	11	Baltimore			YES	NO 🗌	
9. DATE OF BIRTH 10. AGE (In years   Munder 1 Yr. II Under 24 Hrs.   Manths, Days   Haurs   Min.			E. SIKEEI	AND NUMBER								
11621 80	1409		60		7511.05		1129 N. I	Milton	Ave.			
BIRTHPLACE	Stole ar toreig	n country)			ZEN OF AT COUNTRY?	13. FATHER	S NAME 4	111				
// // (	untu	na	40.1410.00			11	sut we	the				
dane during most of	warking lile, ev	en if retired)	48. KIND	OF BU	SINESS OR INDUSTR	15. MOTHE	R'S MAIDEN NA	ME	,			
HHU	1810 4	R				S	edil 6	Ulla				
16. WAS DECEA (Yes, no ar unknow					SECURITY NO.	18. INFOR	MANT	1	,	ADDRESS	0,	1
						rai	tie Wu	1000	1521	8 6,1	Heele	e St.
19. 4/	2. 31	1			CAUSE OF DEA	TH					PROXIMATE IN	
DISEA	SE OR COND	ITION DIREC	TLY		Urmonto	ngirro g	nd arteri	ocalor	otio			
/71.	LEADING TO				(A)IMMEDIATE	CAUSE	ca	rdiova	scular	disease	2	
heart foilur	not mean the e, asthenio, etc.	It means the	diseose.		DUE TO, OR	AS A CONSEC	UENCE OF:					
injury or co	mplication which	th coused dea	th.)									
	NTECEDENT				(B)							
DISEASES RISE TO TH	OR CONDITION	ONS, IF ANY	GIVING		(B)DUE TO, OR	AS A CONSE	QUENCE OF;					
I IINDERLY	NG CONDITI	ON LAST.			(c)							
OTHER SIGN TO THE DISEASE OF TOTHER SIGN TO THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DIS		П		_	(0)							
OTHER SIG	NIFICANT CON	IDITIONS CO	NTRIBUT	ING								
DISEASE	RCONDITION	GIVEN IN PA	RT 1 (A).		******************************			**********				
20A. DATE C	F OPERATION	1 20B. CON	DITION	FOR WI	HICH OPERATION W	AS PERFORA	NED			21. AUTO	PSY? (Yes	ar No)
										3440	no	
	NAL CAUSE			22B. PL	CE OF INJURY (e.g.,	In or abaut	2C. WHERE DID	(II In Boltimo	re City, give e	xact lacation)	110	
UTING C	GOR CON			nom e, io	rm, foctary, street, allic	e blag., erc.) I	NJURY OCCURY					
≥ 22D. TIME OF INJURY		oy) (Yeor	(Hour	) 22E.	INJURY OCCURRED	3	2F, HOW DID IN	JURY OCC	UR?			
(APPROX.)				m. WHI	LE AT NOT	WHILE						
23.												
l cei	tify that I h	eld an li	quiry _	1 1	nspection X Au	top sy	ond that on t	his basis,	deoth In m	y opinion		
resu	ted from N	oturol cou	es X	Ace	Ident D Sulcid	le 🔲 H	omicide 🗌	Undeterml	ned monner			
	///	1111	1110	-1			CHIEF MEDICAL	EXAMINER			DATE CLOS	
SIGNA		VII	VIA	1/0	1M,D	ASSI	STANT MEDICAL	EXAMINER			DATE SIGI	AED
EXAMI	VER'S				9		CIATE MEDICAL	EXAMINER			0/1/60	-
NAME		rner U.	Spi				CIATE MEDICALE			1.	2/1/69	
REMOVAL (Spe	MATION, 2	4B. DATE	1	24C. I	NAME of CEMETERY	or CREMATO	ORY 24D.	LOCATION	(City, tax	wn, ar county)	(Sto	te)
Dure	il X	Lee. 5	169	M	4. allhore	n) (6)	m/ )	1/100	ton	f- C	mel	,
2SA. DATE REC'I	BY HEALTH	DEPT.	258. N	AME O	REGISTRAR	25 C.	FUNERAL DIRECT	OR	Teves	ADDRESS	1	
DEGS	1969	Jase !	400	Sing.	AR. C.	2	Hub 15	Ele	cheon	1/29	9. C	urlas
VS 151-REV. 1/1/6	8			-			17 7 4			1117		



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1.151	BALTIMORE CITY	HEALTH DEPARTMENT		CO 44000 L			
7-60,7 69 118 th No. 164-20444	92 CERTIFICA	TE OF DEATH	REG. NO	69 11892 4			
		2, DATE AND HOUR OF DEATH					
Daby GIRL AK	NOTO	II. OCCUPATION OF CARLO	10	1.30 PM.			
PLACE IN BALTIMORE MARYLAND, WHERE PRO	NOUNCED DEAD			institution; residence before admission)			
LL NAME OF (IF NOT IN HOSPITAL OR IN: DSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	antl 11 D. IN:	SIDE CITY LIMITS?			
2		BAITO.	Ilen Seus	VES NO -			
SOUTH BALTIMORE GEN.	HOSP.		RD API.	BI			
Ti I I	= =			If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.			
	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?			
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE .				
KONAID		Linda S	insless				
Was Deceased Ever in U. S. Armed Farces? s,na ar unknown) (If yes, give wor or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	7 5 3 7 6 7 6	ADDRESS			
18.	CAUSE OF DEAT	H		APPROXIMATE INTERVAL			
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH			
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE MULTIPLE C	ONGENITAL				
heart failure, osthenio, etc. It meons the dise	DUE TO, OR AS	A CONSEQUENCE OF:	DEFORMINE				
injury or complication which coused death,)							
	(B)	EMATURITY					
		A CONSEQUENCE OF					
UNDERLYING CONDITION Iosi.	(c)						
II							
TO THE DEATH BUT NOT RELATED TO THE TERMIN							
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes ar Na)	208. IF YES, WERE	FINDINGS CONSIDERED			
WAS PERFORMED			IN CERTIFYING C.	AUSES OF DEATH?			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i hame, farm, foctory, street, o etc.)	n ar abaut 21 C. WHERE DID INJURY OCCUR?	(If in Baltime	are City, give exact lacation)			
	21E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?				
(APPROX.)							
22. I certify that (1) (this hospital) attends			9 to	11-15-69 19			
and haur and from the causes stated above	e. (1) (We) (did) (did not) v	riew the body ofter deoth.					
23A. SIGNATURE  Altending Med. Shaff Director Phys. Director Phys. Director Phys. Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Di							
A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)		UNIVERSITY	MEDICAL	SCHOOL (State)			
	AE OF REGISTRAR	25C. EUNEBAL DIRECTOR	CEDUICE	- BCH DORESS			
DEC 2 1969 ? Cas & Jan		MISSELF E. E. I ALEK W.	OF THE TANK				
	ITH NO.  IAME OF DECEASED  PLACE IN BALTIMORE MARYLAND, WHERE PRO  LL NAME OF ADDRESS OR LOCATION)  STITUTION  BALTIMORE  GEN  SEX  6. RACE  7. MARRI WIDOW  AUSUAL OCCUPATION (Give kind of work 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10B, KIND 10	THE NO. 10 1892 CERTIFICA  THE NO. 10 1892 CERTIFICA  THE NO. 10 1894 ARULL  PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD  LL NAME OF SINTAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION  SEX	PRACE IN BALTIMORY MARTLAND, WHERE PRONDUNCED DEAD  LL NAME OF CIFROT IN HOSPITAL OR INSTITUTION, GIVE STREET  A STATE  ADDRESS OR LOCATION)  SECURITY BALTIMORY ARRIVED GEO.  LL NAME OF CIFROT IN HOSPITAL OR INSTITUTION, GIVE STREET  A STATE  A DORESS OR LOCATION)  SECURITY BALTIMORY GEO.  LUSUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Islate or force; and or working life, even if refired)  LUSUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Islate or force; and or working life, even if refired)  LUSUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Islate or force; and or working life, even if refired)  LUSUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Islate or force; and or working life, even if refired)  LUSUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Islate or force; and or working life, even if refired)  LUSUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Islate or force; and or working life, even if refired)  LUSUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Islate or force; and or working life, even if refired)  LUSUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Islate or force; and or working life, even if refired)  LUSUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Islate or force; and or working life, even if refired)  LOCAUSE OF DEATH  DISEASE OR CONDITION ON IT even or delete of service)  LEADING TO BUSINESS OR CONDITION (Give couse death)  ANTECEDENT CAUSES  DISEASES R CONDITION (Give	THIND  GATE OF PECASED  GATE AND HOUR OF DEATH  REG. IN BALTIMER  BANDLD  LL NAME OF  GATE OF RECEASED  GATE AND HOUR OF DEATH  LL NAME OF  GATE OF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET  A. STATE  SOCIETH BALTIMER  GEW. HOSP.  EX BEE  G. RACE  P. MARRIED  INDOME  BEE  BEE  G. RACE  P. MARRIED  INDOME  DIVORCED  IVORCED			

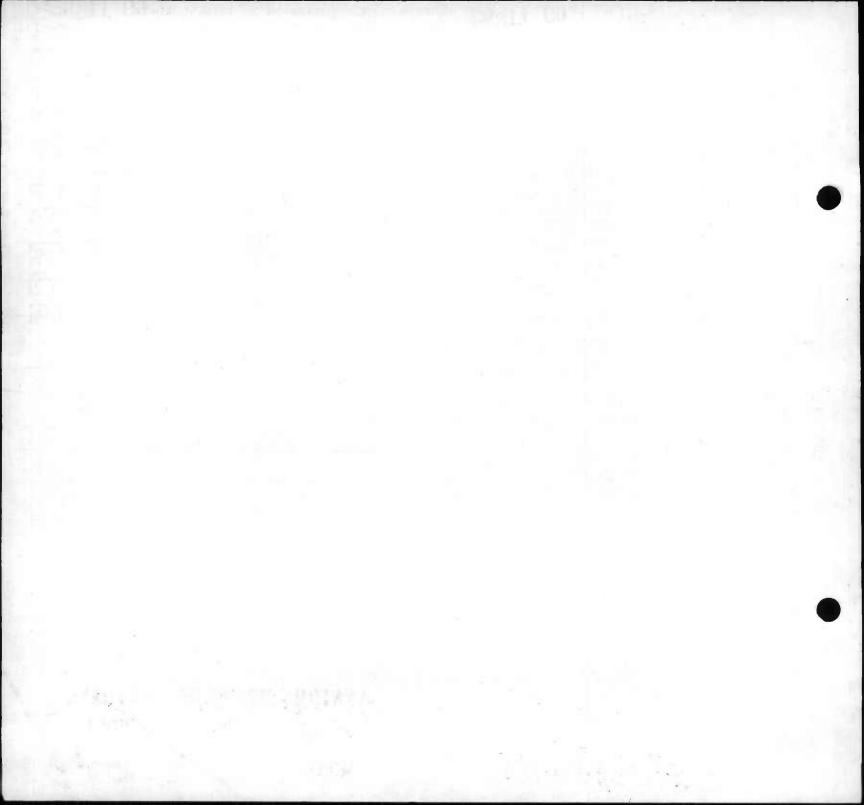
address is 466 Blen Mar Rd., Blen Burnie. Selephone Directory.

Linds Sisster

Konifld

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

11	11 050 69 119	Q2 BALTIMORE CITY	HEALTH DEPARTMENT	69 11893 +				
1/	129 41934 1194	NS CERTIFICA	TE OF DEATH	G. NO				
	AME OF DECEASED	(103	2. DATE AND HOUR	OF DEATH				
(Ту	pe or Print BABY BOY WALLI	N 5	NOVELBER	16 1969 M.				
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUNTY	lived. If institution; residence before admission)				
FU	ILL NAME OF (IF NOT IN HOSPITAL OR IN DSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CITY LIMITS?				
	SOUTH BALTIMORE GEN	ERAL HOSPITAL	BALLIMORE	YES NO				
14	3		1000 BEIHW	NE Road.				
S.	SEX 6. RACE 7. MARK	NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In lost birthdo	yeors If Under 1 Yr., If Under 24 Hrs. Months; Doys Hours; Min.				
	MALE NEGRO WIDOW		HOU. 26,1969	5				
	N. USUAL OCCUPATION (Give kind of work 10 B. KIN) The during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
	INFANT		UNITED STATES	UNITED STATES				
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
	PAINT MILTON SEW	IF1.U	DEBORAH MAKIK	5				
1S. (Ye	Was Deceosed Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL	17. INFORMANT	ADDRESS				
	1B.	CAUSE OF DEAT	<u> </u> H	APPROXIMATE INTERVAL				
	DISEASE OR CONDITION DIRECTLY							
	LEADING TO DEATH (This does not mean the made of dying,	(A)IMMEDIATE CAL	A CONSEQUENCE OF:	+ y 5-6-0-1-a				
	heart failure, asthenia, etc. It means the dise		A CONSEGUENCE OF:	/ m vtero				
	ANTECEDENT CAUSES							
	DISEASES OR CONDITIONS, if any, gi	ving (B)	A CONSEQUENCE OF:					
	rise to the above cause (A) stating	The						
	UNDERLYING CONDITION lost.	(C)						
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION OF THE TERMINATION							
U	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes of Not) 20B. IF	YES, WERE FINDINGS CONSIDERED				
CERTIF	WAS PERFORMED		IN CERT	IFFING CAUSES OF DEATH?				
A P	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF tNJURY (e.g., i home, farm, foctory, street, of etc.)	n or obout 21 C. WHERE DID (I fice bldg., INJURY OCCUR?	f In Baltimore City, give exact location)				
MEDIC	21 D. TIME (Manth) (Doy) (Year) (Haur)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCC	J R?				
₹	OF INJURY (APPROX.)	While At Not While Work At Work	e 🗍					
	22. I certify that (1) (this haspital) attend			10 NODEMBER 26 19 69.				
	that (I) (we) last sow the deceased alive	an NOVERBER 26	19 6 9 and that in (my)	(our) apinion deoth accurred on the date				
	and haur and fram the couses stated abave. (1) (We) (did) (did nat) view the body after death.  23A. SIGNATURE  23B. DATE SIGNED							
	\$1T.011 1. 1. T.	Add A - Amount Phy	nding Med. Staff Phys.	NOV. 24, 1969				
	23C. PHYSICIAN'S NAME (Type)	DEGREE!	ANATOMY BOARD	OF MARYLAND				
24	ESTRELLITA P. TRIA	S MANE OF SEASTERY OF SERVICE	SOUTH BALTIMORE GE	WELKE HODVITAL				
24	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24B. DATE	C. NAME of CEMETERY OF CRI	"UNTVERSITY "MED	ICAL SCHOOL (State)				
25	A. DATE REC'D BY HEALTH DEPT. 2SB. NA	ME OF REGISTRAN	25C. FUNERAL DIRECTOR	ADDRESS				
1	FOO TOSO TRUE E GALBE	W.D.	MURIUARY SER	VICE BCHD				
快吹	4450-RFV, 1/1/6B							



#### IMPORTANT **DIRECTOR:** FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH Deceased death INAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type at Print) USUAL RESIDENCE (Where declased lived, If institution; residence before 0 TON BOY hospital to death. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) mo. canse CITY OR TOWN D. INSIDE CITY LIMITS? canse; O Ltimore YES LutherAN HOSPITAL of md. prior STREET AND NUMBER contributing Denison etermined made regular 5. SEX 9. AGE (In years 6. RACE 8. DATE OF BIRTH If Under 1 Yr. 7. MARRIED NEVER MARRIED deceased lost birthday Months Days M NEGKO WIDOWED DIVORCED 10. 14.69 45 m 45 me isposition done during most af working life, even if retired) (4) Und W as the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JU KHOU JONES death 0 B kind; TS, Wos Deceosed Ever in U. S. Armed Forces? (Yes, na or unknown) (If yes, give wor or dotes of service) 6. SOCIAL 17. INFORMANT final SECURITY NO. attendance any CAUSE OF DEATH pronounced 0 jular atten DISEASE OR CONDITION DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE PREMATURITY
DUE TO, OR AS A CONSEQUENCE OF: fracture (This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) em ANTECEDENT CAUSES w ho 0 9 are DISEASES OR CONDITIONS, if any, giving rise la the abave cause (A) stating the physician UNDERLYING CONDITION last. the remains M ds (2) Body burns; Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION ō WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? where hospital MEDICAL ON (9) DEATH (notify medical examiner) any nature; obtained 21 D. TIME (Hour) (Month) (Day) (Year) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not While OF INJURY (except While At p (APPROX.) and Work to the 22. I certify that (I) (this hospital) attended the deceased from pe that (I) (we) lost sow the deceased alive on. eath) hospital ond hour ond from the couses stoted obove. (I) (We) (did) (did not) view the body ofter death. was released must 23A. SIGNATURE must P Staff 0 23C. PHYSICIAN'S approval 0 prior ţ NAME (Type) An KO DK 24A. BURIAL CREMATION, d 24C, NAME of CEMETERY eceased 0.0 the body REMOVAL (Specify) SD 2SA, DATE REC'D BY HEALT AE OF RESISTRAR

12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NGENITAL ANOMALY OF ASA CONSEQUENCE OF RECTUS MUSCLE ( POSSIBLE 20 A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 23B, DATE SIGNED VS 150-REV. 1/1/68

NO [

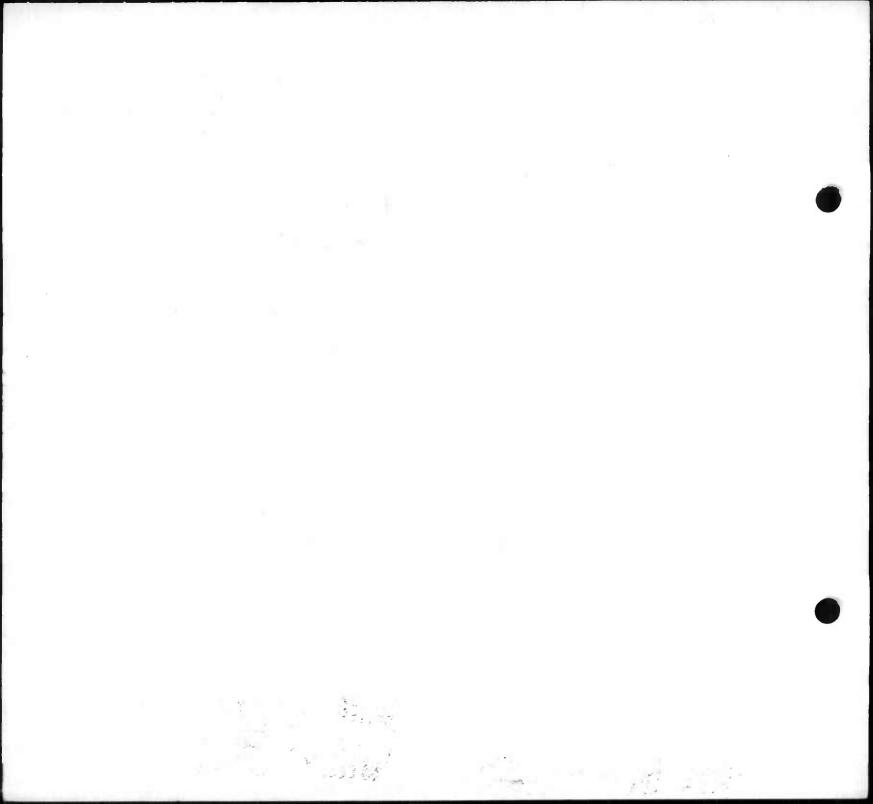
Hours

If Under 24 Hrs. Hours Min.

5

#2 pate of death of death should be 10/14/69. Per hospital.

BALTIMORE CITY HEALTH DEPARTMENT **CERTIFICATE OF DEATH** Deceased death on the I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) hospital of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE (Where deceased lived, II attendance Undetermined cause; (5) Cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) ORE C. CITY OR TOWN D. INSIDE CITY LIMITS? 0 O 55 ex YES NO occurred in prior contributing E. STREET AND NUMBER ular mad MARRIED NEVER MARRIED 8. DATE 9. AGE (In years II Under 24 Hrs. If Under 1 Yr. eceased Hours lost birthdoy Monthsi Doys regi DIVORCED WIDOWED 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? death isposition = done during most of working life, even if retired) 0 è SD 13 FATHER'S NAME the 14. MOTHER'S MAIDEN NAME 4 death U O 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (If yes, give wor or dotes of service) 6. SOCIAL 17. INFORMANT ADDRESS final SECURITY NO. attendance any pronounced 18. CAUSE OF DEATH 0 APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed o LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl foilure, asthenia, etc. It means the disease, regular injury at camplication which caused death.) ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the obave cause IA) stoling the physician UNDERLYING CONDITION last remains SDM 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A). the (2) Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the WAS PERFORMED efore 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, allice bldg., INJURY OCCUR? (II in Boltimore City, give exoct location) hospital o Z MEDICAL DEATH (notily medical examined etc.) any nature; ٩ obtained (Hourl 9 (Month) (Doyl (Yeor) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (except Not While (APPROX.) and At Work to the 22. I certify that (I) (this hospital) ottended the deceased from death); that (I) (we) lost sow the deceased olive on. pe and that In(my) (our) opinion death accurred on the date An accident of hospital and hour and from the couses stated above. (I) (We) (did) (did not) view the bady after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Director 0 approval (Ald Phys. O prior 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRES ŧ D.O.A. 24A-BURIAL CREMATION, eceased 24B, DATE 24C. NAME OF CEMETERY OF CREMATOR (Stote) REMOVAL (Specily) written W GS 25A. DATE REC'D BY VS 150-REV. 1/1/68



of death

cause

IMPORTANT

FUNERAL DIRECTOR:

attendance on the

deceased prior to death.

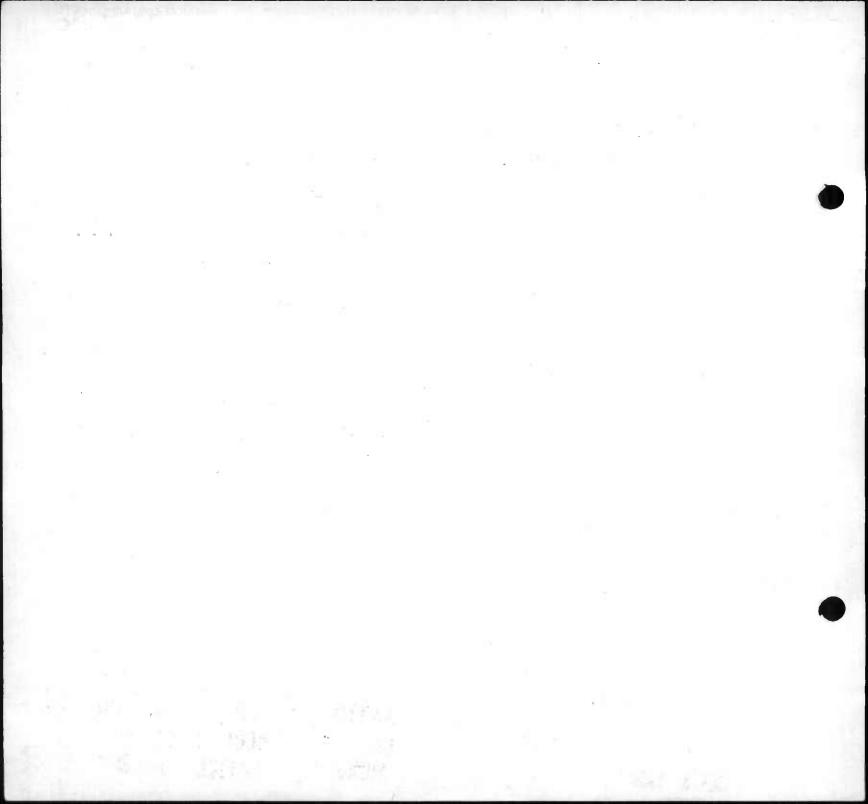
	0			BALTIMORE CITY	HEALTH DEPARTMENT	6	9 11896
	0-210			CERTIFICA	TE OF DEATH	REG. NO.	0 11000
B	NAME OF DECEASED	03	11820			HOUR OF DEATH	00
	Type or Print) CARL BISHON			10P	1/-	23-19	1630A
3	B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY		
F	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR (NSTITUTION)  (NSTITUTION  BALTIMORE CITY HOSPITALS  21224				Maryland Baltimore 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		
1						Y	ES NOX
0					E STREET AND NUMBER 1015 Old Eastern Avenue 21221		
	4940 Eastern Avenue, Baltimore, Maryland						
5.	Male Whi	te	7. MARRIED	NEVER MARRIED X	3-21-1886	AGE (In years It birthdoy) 83	f Under 1 Yr. If Under 24 Hrs.
	A. USUAL OCCUPATION				11. BIRTHPLACE (State or foreign	country) 1	2. CITIZEN OF WHAT COUNTRY?
d	done during most of working life, even if retired)  Retired				Latvia		U.S.A.
13	3. FATHER'S NAME				14. MOTHER'S MAIDEN NAME		
	Ans				Mary		
1.5 (Y	Yes, no or unknown) (If yes, give war or dates of service)			1 6. SOCIAL SECURITY NO.	17. INFORMANT *		ADDRESS
				214-56-8276-T	Records: BCH-4940	nue 21224	
	18. CAUSE OF DEATH				н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY				1/10/0		122.1
	LEADING TO DEATH  (This does not meen the mode of dying, e.g.,					moule	Luke
	heori foilure, osthenio, etc. II meons the disease, injury or complication which caused death.)						
	ANTECEDENT CAUSES (On a the is Heart Chailing + 20 yks						
H	DISEASES OR CON			(B) DUE TO, OR AS	A CONSEQUENCE OF:	, and	
	tise to the obove couse (A) stating the UNDERLYING CONDITION lost.				oschratic Ce	valerase	Wee 2041.
	II Alsla				ail		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
					120/Almana City		
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED				20% AUTOPSY? (Yes or No.)  208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
1	U   21 A. ACCIDENT WAS UNDERLYING				n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	((f in Boltimore C	ity, give_exoct location}
1 6				INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
					At Work At Work		
	22. I certify that (1) (this haspital) attended the deceased from				5 - 26 19	69 to //	1-23 1969,
	that (1) (we) last saw the deceosed olive on 11-23 1965 and that in (my) (our) epinlon deoth occurred on the date						
	and hour and from the causes stated above. (1) We) (did) (did not) view the body after death.						
	23A. SIGNATURE	1	1/0	Land I			B. DATE SIGNED
	Dechard K-1702a MD Attending Med. Director Phys. 1/-23-69.						
	23C. PHYSICIAN'S NAME (Type) Richard K. Maza  23D. ADDRESS Baltimore City Hospitals						
				DEGR	240 TO At Vin RALA	D. OF HAR	Merry and 21224
2	AA. BURIAL CREMATION, REMOVAL (Specify)	248. DATE	24C. N	AME of CEMETERY of	VALUE OF 10 1 10 10 10 10 10 10 10 10 10 10 10 1		lown, or countyl (State)

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and if the direct or contributing written approval must be obtained before the remains are embalmed or final disposition is made. was in regular the death deceased prior to death); and (6) No physician was in regular attendance on at a hospital (except where the physician who pronounced Also, examiner. the body was released to the hospital by a medical was D.O.A.

ZCHOOL

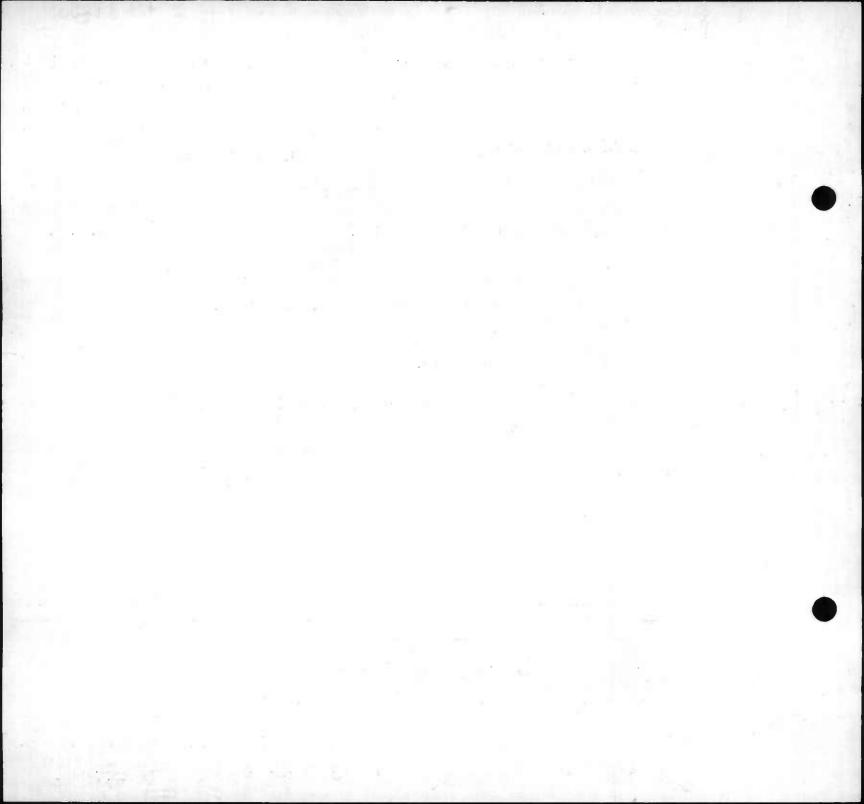
25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 300

ADDRESS BCHD

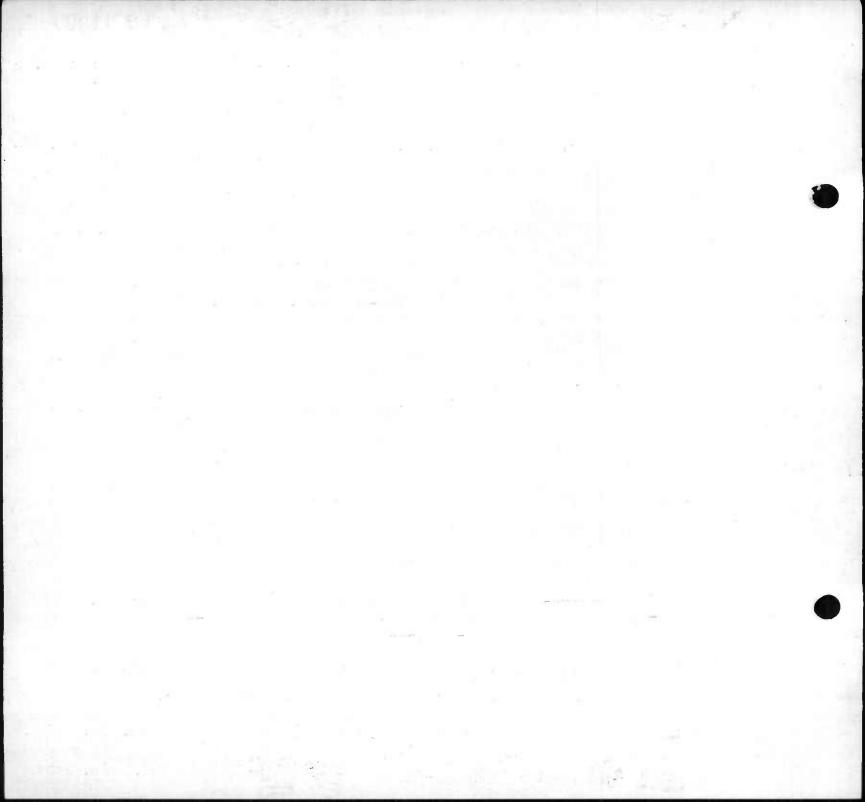


69 11897 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. if death occurred in a hospital and rect or contributing cause of death (4) Undetermined cause; (5) Deceased Such BIRTH NO. on the I. NAME OF DECEASED 2. OATE AND HOUR OF DEATH (Type or Print) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institution residence before A. STATE B. COUNTY ance FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN attend 0 D. INSIDE CITY LIMITS? 170 YES X NO prior E. STREET AND NUMBER made. regular 5. SEX 6. RACE OATE OF 9. AGE (In years NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. deceased Hours lost birthdov Months! WIDOWED DIVORCED 0 10A, USUAL OCCUPATION (Give kind of work 10B, KINO OF BUSINESS OR INOUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition 2 done during most of working life, even if retired) SDM the 13. FATHER'S NAME direct ROWN WAR assistant death 0 15. Was Oeceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) kind; 6. SOCIAL 17. INFORMANT AOORESS final SECURITY NO. attendance duy pronounced 0 CAUSE OF DEATH APPROXIMATE INTERVAL his BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, medical examiner examiner. regular injury or complication which caused death.) ANTECEDENT CAUSES who are (3) A DISEASES OR CONDITIONS, if any, rise to the above couse (A) stating the physician remains UNDERLYING CONDITION last (c) medical SDM **Body burns**; Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). the chief the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20R IF YES, WERE FINGINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 8 WAS PERFORMED 26 540 before 3 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF the 919 218. PLACE OF INJURY (e.g., in ar obout 21C, WHERE OID home, form, foctory, street, office bldg., INJURY OCCUR? (Il in Boltimore City, give exact location) the body was released to the hospital ů MEDICAL DEATH Inotify medical examined elc.) any nature; ¥ X by obtained 210. TIME (Oay) (Year) (Month) (Hour) 21& INJURY OCCURRED 9 21F. HOW OLD INJURY OCCUR? OF INJURY approved (except Not While [APPROX.) and Work 22. I certify that 👣 (this haspital) attended the deceased from pe that 🛱 (we) lost sow the deceased alive on and that In() (our) apinion death accurred on the date o a hospital death) certificate must be and hour and from the couses stated above. (We) (did) (diesot) view the body after death, must An accident 23A. SIGNATURE 23B, OATE SIGNEO Attending 40 Med. Staff approval Phys. Director Phys. 23C. PHYSICIAN'S NAME (Type) prior 23 D. A OORESS ata D.O.A. 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY of eceased REMOVAL (Specify) written Was 25A. OATE REC'D BY REGISTRAR VS 150-REV. 1/1/68

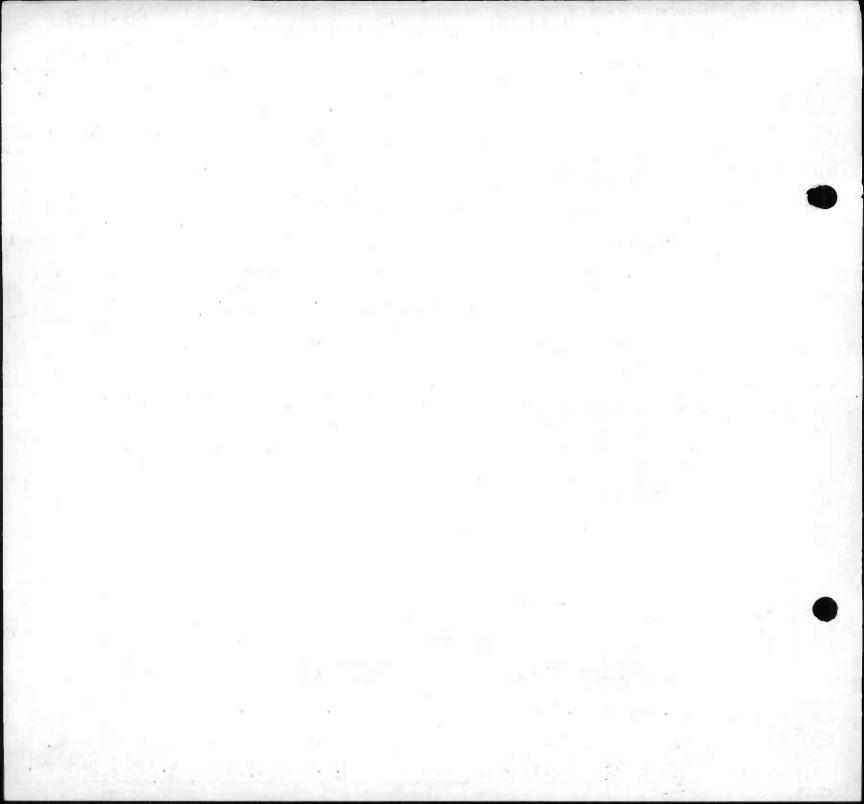
AAAE OF DECEASED	CERTIFICAT	DATE AN	REG. NO	33
e or Print) Samuel Seton I	Maitland Du-	-Bois Dec.	1, 1969	4:30A M
LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTIO	N, GIVE STREET	Maryland	TY	2711
TITUTION		Baltimore		YES NO
4546 N. Charles Street	E			
MARKIED	ACACK MINKKIED		9. AGE (In years lost birthdoy) 82	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
e during most of working life, even if retired)			,	U.S.A.
FATHER'S NAME Edmund C. Du-Bois	14.			
, no or unknown) IIf yes, give wor or dotes of service)	SECURITY NO.		e O. Du-Bo	address Dis Same
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the UNDERLYING CONDITION last.			-eneraliz	ed 6t years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				8 years
19A. DATE OF OPERATION 19B. CONDITION FOR WHICE	CH OPERATION	N. 1	IN CERTIFYING CAU	SES OF DEATH?
OR CONTRIBUTING CAUSE OF home, for	CE OF INJURY le.g., in o orm, factory, street, office	r obout 21 C. WHERE DID	(tf in Boltimare	Cily, give exoct location)
21D.TIME (Month) (Doy) (Year) IHour) 21E, INJ OF INJURY (APPROX.) While A Work			URY OCCUR?	
that (1) (we) last saw the deceased alive an	Nov 30	19.69 and th		lan death accurred an the dat
and have and from the causes stated above. (1) (44	(did) <del>(die ner)</del> Viev	w the bady after death.		23B, DATE SIGNED
23A. SIGNATURE  Charles Shake  23C. PHYSICIAN'S  NAME   Type)  Dr. Charles E. S		Med. Director Director  Staff Phys.	Dec 1, 1969	
23C. PHYSICIAN'S NAME IType) Dr. Charles E. S BURIAL CREMATION,  24B. DATE  24C. NAME	DEGREE Phys.	Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Dir	Shoff Phys. D	Dec 1/969  (, town, or county) (Stote)
23C. PHYSICIAN'S NAME   Type) Dr. Charles E. S  BURIAL CREMATION,   24B, DATE   24C. NAME  REMOVAL (Specify)	DEGREE Phys. 23D	Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Dir	Shoff Phys. Da Road  OCATION (City	Dec 1,1969  (stote)  Balto. Co., Md.
	AME OF DECEASED  PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE  PRONOUNCE  PRONOUNCE  EX	AME OF DECEASED  Samuel Seton Maitland Dure or Print)  PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  LL NAME OF SPITAL OR INSTITUTION, GVE STREET ADDRESS OR LOCATION)  4546 N. Charles Street  EX  O. RACE  W. MIDOWED  DIVORCED  TO THE DEATH SUNDERLYING  DISEASE OR CONDITION SET OR SET OF DEATH  UNDERLYING CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  DISEASE OR CONDITION SET OF THE TERMINAL  THE TERMINAL SET OF TH	AME OF DECEASED  Samuel Seton Maitland Du—Bois  2. Date an Dec.  PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  STATE B. COUNTING  LENAME OF STATE B. COUNTING  ADDRESS OR LOCATION)  4546 N. Charles Street  EX	AMM OF DECEASED SAMUEL SETON MAITLAND DU-BOIS 2. DATE AND HOUR OF DEATH Dec. 1, 1969  PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. SATE 1. 1969  PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. SATE 1. 1969  PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. SATE 1. 1969  PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. SATE 1. 1969  PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. SATE 1. 1969  PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. SATE 1. 1969  PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. SATE 1. 1969  PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. SATE 1. 1969  PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. SATE 1. 1969  PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. SATE 1. 1969  PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. SATE 1. 1969  PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. SATE 1. 1969  PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. SATE 1. 1969  PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. SATE 1. 1969  PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. SATE 1. 1969  PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. SATE 1. 1969  PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. SATE 1. 1969  PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. SATE 1. 1969  PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. SATE 1. 1969  PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. SATE 1. 1969  PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. 1969  PLACE IN BALTIMORE, MARYLAND, WHICH OPERATION PARKLED DID INJURY OCCUR?  PLACE IN BALTIMORY OCCUR?  PLACE IN BALTIMORY DEAD 3. 1969  PLACE IN BALTIMORY OCCUR?  PLACE IN BALTIMORY DEAD 3. 1969  PLACE IN BALTIMORY OCCUR?  PL



0	BALTIMORE CIT	Y HEALTH DEPARTMENT	00 44-00
В-500 69 11 вити No.	.899 CERTIFICA	ATE OF DEATH	69 11899
Type or Print George	J. Boone	Dec. 1, 1969	5:30 A. N
3, PLACE IN BALTIMORE, MARYLAND, V	VHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If A. STATE B. COUNTY	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPI' HOSPITAL OR ADDRESS OR LOC INSTITUTION	TAL OR INSTITUTION, GIVE STREET ATION)		NSIDE CITY LIMITS?
		Baltimore	YES *** NO [
6810 Blenheim	Road Apt. A.	6810 Blenheim Road	
5. SEX 6. RACE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8-30-1880  9. AGE (In yeors lost highlight)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of word during most of working life, even if retired)  Ret d Accountant	Mercantile Trust	Baltimore, Maryland	U.S.A.
Jacob Boone	11-21-21	14. MOTHER'S MAIDEN NAME Elizabeth Benzoeli	69 110.00
15. Was Deceased Ever in U. S. Armed Fo	rces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dot	es of service) 216-03-8103	A Mrs. Lula W. Boo	one Same
1B. 2.1	CAUSE OF DEA	TH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION D	IRECTLY		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
LEADING TO DEATH	(A)IMMEDIATE CA	use Acute pulmonary ede	ma 10 min.
(This does not meon the mode o	dying, e.g., DUE TO. OR AS	A CONSEQUENCE OF:	
heart failure, asthenia, etc. It mean injury or complication which cause			
ANTECEDENT CAUSE	Anten	iosolerotio cardiovaco	1120 1 1 mm
DISEASES OR CONDITIONS, if	(B) ATCET.	iosclerotic cardiovasc	utar 15 yrs.
rise to the obove couse (A)	,	s a consequence of: disea	se
UNDERLYING CONDITION Iosi.	(c)		
_ 11			
OTHER SIGNIFICANT CONDITIONS CO			
A DISEASE OR CONDITION GIVEN IN PA	RT 1 (A).	120A ALTOBOYS (Vo. as Noll 208 IF YES WE	OF EINDINGS CONSIDERED
WAS PE	NDITION FOR WHICH OPERATION REFORMED	NO No. 208. IF YES, WE	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID (If in Boltin office bldg., INJURY OCCUR?	more City, give exoct location)
21D.TIME (Month) (Doyl (Year	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (A PPROX.)	While At Not Wh	ile 🗍	
			20mbon 160
	tl) attended the deceased fram		
that (I) (me) last saw the deceas	ed alive an November 3,	19 69 and that in(my) <del>(cor</del> )	apinian death accurred an the da
and have and from the causes sto	ated abave. (I) (We) (did) (did-not)	view the bady after death.	
23A. SIGNATURE	(S) () - A		23B, DATE SIGNED
Albert.	S A CAT MALA	tending Med. Staff Phys.	Dec. 2, 1969
23C. PHYSICIAN'S	JEE C / / BEGREE	23 D. ADDRESS	
NAME (Typel Dr. Ll	oyd E. Saylor	3902 Greenmount Av	e.
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C		(City, town, or county) (State)
Burial (Specify) 12-3-1		metery Woodlawn,	Balto. Co., Md.
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	Henry W. Jankins &	Sons Co. ADDRESS
a 4000 Q.R.	& E. Jable M. B.	4905 York Road E	Balto., Md. 21212



BIRTH NO.		69 11	.000	CERTIFICA	ATE OF DEATH	REG. NO	69 11900
	DE CEASED					D HOUR OF DEATH	
	Mary (	C. Lyon			Nove	mber 29,	1969 2:30
3. PLACE II	BALTIMORE, M.	ARYLAND, WH	ERE PRONOUNG	CED DEAD	A. STATE B. COUN	TY	institution: residence before admis
FULL NAM	E OF (IF NO	T IN HOSPITAL	OR INSTITUTIO	ON, GIVE STREET	Md.	1	1207
INSTITUTIO	N				C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?  YES X NO
00	2924	Wyman	Pkwy.		Baltimore E. STREET AND NUMBER		4E2 [V]   MO [
2.0					2924 Wyman	Pkwy.	
5. SEX	6. RACE	7.	MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months: Doys Hours M
म	W		WIDOWED	DIVORCED	8-15-1897	72	Monins Doys Hours M
	OCCUPATION (Gi		B. KIND OF BU	ISINESS OR INDUSTR	11. BIRTHPLACE (State or forei		12. CITIZEN OF WHAT COU
	Mach Op	over it remod,	Banki	ng	Maryland		USA
13. FATHER	S NAME				14. MOTHER'S MAIDEN NAM	ΛE	
Frar	k A. Ly	ons	y :	č .	Josephine C	onway	
5. Was Dec	eosed Ever in U. known) (If yes, giv	S. Armed Force	s? 16	SOCIAL	17. INFORMANT		ADDRESS
2.7	known fur yes, giv	e wor or dotes	1	16-10-428	7A 3218 Kenyo	l J. Lyon	s, Sr.
NO 18.	= - 9	1	۷.	CAUSE OF DEA	th 35TO VenAor	1 AVO.	APPROXIMATE INTERV
7	SEASE OR COM	NDITION DIREC	CTLY	0	cinona for		BETWEEN ONSET AND D
		TO DEATH				es i	6 mo
	oes not meon Il			DUE TO, OR AS	A CONSEQUENCE OF:		
injury	or complication w		eoth.)	Care	in a Apo	increa	1 2-3
	ANTECEDE	NT CAUSES		(B)	90		0 - 6
					A CONFRONDING OF		1
	ES OR CONDI			DUE TO, OR A	S A CONSEQUENCE OF:		
rise I		couse (A) s		(C)	S A CONSEQUENCE OF:		
rise I UNDEI	o The obove RLYING CONDITI	couse (A) s ION lost,	loting the		S A CONSEQUENCE OF:		
OTHERS	o The obove REVING CONDITI  IGNIFICANT CON DEATH BUT NOT	couse (A) s ION losi, II IDITIONS CONT	IRIBUTING		S A CONSEQUENCE OF:		
NOTHERS TO THE DISEASE	o The obove RLYING CONDITI	COUSE (A) S ION IOSI,  II  IDITIONS CONT RELATED TO THE GIVEN IN PART I N 198. CONDI	TRIBUTING TERMINAL I (A).	(c)	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED
NO THER STORY TO THE STORY TO THE STORY TO THE DISEASE STORY TO THE ST	O THE OBOVE REVING CONDITI  GENERICANT CON DEATH BUT NOT E OR CONDITION OF TE OF OPERATION	COUSE (A) S ION IOSI.  II IDITIONS CONT RELATED TO THE GIVEN IN PART I N 19B. CONDI WAS PERFO	IRIBUTING TERMINAL I (A). TION FOR WHI	(C)	20A. AUTOPSY? (Yes or No		E FINDINGS CONSIDERED AUSES OF DEATH?
VOTHERS TO THE DISEASE TO A DA COR COI	IN THE OBOVE  REVING CONDITION  GENTFICANT CON  DEATH BUT NOT  FOR CONDITION  TE OF OPERATION  CCIDENT WAS UNITED TINE  OR TRIBUTING C	COUSE (A) S ION IOSI.  HOITIONS CONT RELATED TO THE GIVEN IN PART I N 179B. CONDI WAS PERFO  NDERLYING A AUSE OF	IRIBUTING TERMINAL 1 (A). TION FOR WHI	(C)		IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OTHERS TO THE DISEAS: 19A. DA 21A. AC OR COI DEATH	I I I I I I I I I I I I I I I I I I I	COUSE (A) S ION IOSI.  HOITIONS CONT RELATED TO THE GIVEN IN PART I N 179B. CONDI WAS PERFO  NDERLYING A AUSE OF	IRIBUTING TERMINAL 1 (A). TION FOR WHI	(C)	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	AUSES OF DEATH?
NOTHERS TO THE DISEAS: 19A. DA OR COI DEATH	IN THE OBOVE REVING CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CONDITION  CO	COUSE (A) S ION IOSI.  HOITIONS CONT RELATED TO THE GIVEN IN PART I N 179B. CONDI WAS PERFO  NDERLYING A AUSE OF	IRIBUTING TERMINAL 1 (A). TION FOR WHI RMED  21B. PL. home, etc.)	CH OPERATION  ACE OF INJURY (e.g., form, factory, street, form)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	AUSES OF DEATH?
NO OTHER STORY TO THE DISEASE TO A COLOUR TO THE DISEASE TO A COLOUR TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEA	ILE OBOVE REVING CONDITION  GENTFICANT CON  DEATH BUT NOT  FOR CONDITION  TE OF OPERATION  CCIDENT WAS UN  NTRIBUTING CA  (notify medical ex  AE (Month) (  JRY  X.)	COUSE (A) S ION IOSI,  HOITIONS CONT RELATED TO THE GIVEN IN PART I N 179B. CONDI WAS PERFO  NDERLYING AUSE OF aminer)  (Doy) (Yeor)	IRIBUTING TERMINAL I (A).  21B, PL, home, etc.)  (Hour)  21E, IN While Work	(C)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exoct locotion
NO OTHER STORY TO THE DISEASE TO A COLOUR TO THE DISEASE TO A COLOUR TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEASE TO THE DISEA	ILE OBOVE REVING CONDITION  GENTFICANT CON  DEATH BUT NOT  FOR CONDITION  TE OF OPERATION  CCIDENT WAS UN  NTRIBUTING CA  (notify medical ex  AE (Month) (  JRY  X.)	COUSE (A) S ION IOSI,  HOITIONS CONT RELATED TO THE GIVEN IN PART I N 179B. CONDI WAS PERFO  NDERLYING AUSE OF aminer)  (Doy) (Yeor)	IRIBUTING TERMINAL I (A).  21B, PL, home, etc.)  (Hour)  21E, IN While Work	(C)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exoct locotion)
NOTHERS TO THE DISEAS: 19A. DA 21A. AC OR COI DEATH 21D. TIM (APPRO 22. I c	ILE OBOVE REVING CONDITION  GENTFICANT CON  DEATH BUT NOT  FOR CONDITION  TE OF OPERATION  CCIDENT WAS UN  NTRIBUTING CA  (notify medical ex  AE (Month) (  JRY  X.)	COUSE (A) S ION IOSI.  II  IDITIONS CONT RELATED TO THE GIVEN IN PART I  N 19B. CONDI WAS PERFO  NDERLYING AUSE OF aminer)  (Doy) (Yeor)	IRIBUTING TERMINAL I (A).  TION FOR WHI RMED  218, PL, home, etc.,)  (Hour)  21E, IN While Work	CC OPERATION  ACE OF INJURY (e.g., form, factory, street, factory, street, factory, street, factory, street, factory, street, factory, street, factory, factory, factory, street, factory, factory, street, factory, fa	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exoct locotion
NOTHERS TO THE STATE OF COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR	ILENTING CONDITION  ILENTING CONDITION  ILENTING CONDITION  DEATH BUT NOT  E OR CONDITION  TE OF OPERATION  CCIDENT WAS UNITRIBUTING CA  (notify medicol ex  AE (Month) (AE)  Bertify that (1) (1)	COUSE (A) S ION IOSI.  II IDITIONS CONT RELATED TO THE GIVEN IN PART I N 198. CONDI WAS PERFO  NDERLYING AUSE OF aminer) (Doy) (Year)  the deceased	IRIBUTING TERMINAL I (A). TION FOR WHI RMED  218, PL, home, etc.) (Hour) 21E. IN While Work attended the	(C)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exoct locotion)
VOLLEY OTHER STORY OF THE DISEAST TO A. DA OR COI DEATH OF INJI (APPRO 22. I c that (I) and ho	ILENTING CONDITION  ILENTING CONDITION  ILENTING CONDITION  DEATH BUT NOT  E OR CONDITION  TE OF OPERATION  CCIDENT WAS UNITRIBUTING CA  (notify medicol ex  AE (Month) (AE)  Bertify that (1) (1)	COUSE (A) S ION IOSI.  II IDITIONS CONT RELATED TO THE GIVEN IN PART I N 198. CONDI WAS PERFO  NDERLYING AUSE OF aminer) (Doy) (Year)  the deceased	IRIBUTING TERMINAL I (A). TION FOR WHI RMED  218, PL, home, etc.) (Hour) 21E. IN While Work attended the	(C)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJ ond the view the bady after death.	(If in Boltimo	ore City, give exoct locotion)
VOLLEY OTHER STORY OF THE DISEAST TO A. DA OR COI DEATH OF INJI (APPRO 22. I c that (I) and ho	I he obove RLYING CONDITION  I GONIFICANT CON DEATH BUT NOT E OR CONDITION  CCIDENT WAS UN NTRIBUTING CA (notify medicol ex  AE (Month) (I) RY X.)  ertify that (I) (the control of the co	COUSE (A) S ION IOSI.  II IDITIONS CONT RELATED TO THE GIVEN IN PART I N 198. CONDI WAS PERFO  NDERLYING AUSE OF aminer) (Doy) (Year)  the deceased	IRIBUTING TERMINAL I (A). TION FOR WHI RMED  218, PL, home, etc.) (Hour) 21E. IN While Work attended the	(C)	20A. AUTOPSY? (Yes or No No in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJ ile ond the view the bady after deoth.	(If in Boltimo	ore City, give exoct location)  John J. 1966
VOLLEY STORY OF THE DISEASE TO A COLOR COLOR OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJUINATION OF INJ	IN THE OBOVE  RELYING CONDITION  CONDITION  CONDITION  TE OF OPERATION  CCIDENT WAS UN  NTRIBUTING CA  (notify medicol ex  AE (Month) (AB  CRITTING CA  (Notify medicol ex  AE (Month) (AB  CRITTING CA  (Notify medicol ex  AE (Month) (AB  CRITTING CA  CR	COUSE (A) S ION IOSI.  II IDITIONS CONT RELATED TO THE GIVEN IN PART I N 198. CONDI WAS PERFO  NDERLYING AUSE OF aminer) (Doy) (Year)  the deceased	IRIBUTING TERMINAL I (A). TION FOR WHI RMED  218, PL, home, etc.) (Hour) 21E. IN While Work attended the	(C)	20A. AUTOPSY? (Yes or No No in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJ ile ond the view the bady after deoth.	(If in Boltimo	ore City, give exoct location)  John J. 1966
VINDER  OTHERS TO THE DISEAS: 19A. DA OR COI DEATH 21D. TIM OF INJI (APPRO 22. I c thot (I') and ho 23A. SIC 23C. PH NA	Ihe obove RLYING CONDITI  GIGNIFICANT CON DEATH BUT NOT E OR CONDITION  CCIDENT WAS UN NTRIBUTING CA (notify medicol ex AE (Month) (I) (we) tast saw ur and from the NATURE  (SICIAN'S ME (Type)	COUSE (A) S ION lost.  II  ADITIONS CONT RELATED TO THE GIVEN IN PART I N 19B. CONDI WAS PERFO  NDERLYING AUSE OF aminer  (Doy) (Year)  the deceased causes states	IRIBUTING TERMINAL 1 (A). 1 (A). 1 (D) FOR WHI RMED  218, PL. home, etc.) (Hour) 21E, IN While Work attended the alive on d abave. (I) (A	JURY OCCURRED  At Not Wh At Work  deceased from	20A. AUTOPSY? (Yes or No in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJ  21F. HOW DID INJ  21F. HOW DID INJ  We ond the original of the original of the original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original orig	URY OCCUR?	ore City, give exoct location)  John J. 1966
VINDEI  VINDEI  OTHERS TO THE DISEAS: 19A. DA  21A. AC OR COI DEATH OF INJ (APPRO  22. I c that (I) and ha  23C. PH NA  DT  24A. BURIA	IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN  IN O TMAN	COUSE (A) S ION lost.  II  ADITIONS CONT RELATED TO THE GIVEN IN PART I N 19B. CONDI WAS PERFO  NDERLYING AUSE OF aminer  (Doy) (Year)  the deceased causes states	IRIBUTING TERMINAL I (A). TION FOR WHI RMED  218, PL, home, etc.) (Hour) 21E. IN While Work attended the alive on d abave. (I) (A	(C)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJ  21F. HOW DID INJ  ond the view the bady after deoth.  Pendira Med. Director  23D. ADDRESS  11 W. 29th St	URY OCCUR?	ore City, give exoct location)  John J. 1966
VINDEI  VINDEI  OTHERS TO THE DISEAS: 19A. DA  21A. AC OR COI DEATH 21D. TIM (APPRO  22. I c thot (I) and ho 23A. SIC 23C. PH NA  DT  24A. BURIA REMO	Ihe obove RLYING CONDITI  IGNIFICANT CON DEATH BUT NOT E OF OPERATION  CCIDENT WAS UN NTRIBUTING CA (notify medicol ex  AE (Month) (I)  LORY TO CONDITION  FISICIAN'S  ME (Type)  LOREMATION, 2  VAL (Specify)	COUSE (A) S ION IOSI.  II  IDITIONS CONT RELATED TO THE GIVEN IN PART I  N 198. CONDI WAS PERFO  NDERLYING AUSE OF aminer)  (Doy) (Yeor)  the deceased causes stated  R. Free 248. DATE	IRIBUTING TERMINAL I (A).  TION FOR WHI RMED  218. PL. home, etc.)  (Hour)  21E. IN While Work  attended the alive on d abave. (I) (A	CC)	20A. AUTOPSY? (Yes or No No in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID INJ  21F. HOW DID INJ ond the view the bady after deoth.  23D. ADDRESS  11 W. 29th St  REMATORY  24D. Le	(If in Boltimo	ore City, give exoct location)  19 6  planton death accurred an the  23B. DATE SIGNED  City, town, or county)  (State
VOLTA SURIAL REMO	Ihe obove RLYING CONDITI  IGNIFICANT CON DEATH BUT NOT E OF OPERATION  CCIDENT WAS UN NTRIBUTING CA (notify medicol ex  AE (Month) (I)  LORY TO CONDITION  FISICIAN'S  ME (Type)  LOREMATION, 2  VAL (Specify)	COUSE (A) S ION IOSI.  II  IDITIONS CONT RELATED TO THE GIVEN IN PART I  N 198. CONDI WAS PERFO  MASS OF aminer)  (Doy) (Year)  the deceased causes stated  R. Free 248. DATE	IRIBUTING TERMINAL I (A).  TION FOR WHI RMED  218. PL. home, etc.)  (Hour)  21E. IN While Work  attended the alive on d abave. (I) (A	CC OPERATION  ACE OF INJURY (e.g., form, factory, street, form, factory,  20A. AUTOPSY? (Yes or No No in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID INJ  21F. HOW DID INJ ond the view the bady after deoth.  23D. ADDRESS  11 W. 29th St  REMATORY  24D. Le	URY OCCUR?  19 6.5.to	pre City, give exoct locotion)  19 6  printing death accurred an the	



	ust be approved by the chief medical examiner or his assistant if death occurred in a hospita	sased to the hospital by a medical examiner. Also, if the direct or contributing cause of	dent of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Dec	ospital (except where the physician who pronounced death was in regular attendance o	death); and (6) No physician was in regular attendance on the deceased prior to death.	
	urred in	ributing	ined caus	ular atte	ed prior	77
•	death occ	t or cont	Undeterm	as in reg	e deceas	
	ssistant if	the direc	kind; (4)	death w	nce on th	must be obtained hetere the remains are embalmed as disal disasticistics.
	r or his as	. Also, if	ure of any	onounced	r attenda	almod as
	examine	examiner	(3) A fract	n who pr	in regula	care ornh
	ef medica	medical	dy burns; (	physicia .	cian was	no romain
	by the chi	oital by a	re; (2) Boo	where the	No physi	d hafara +
	peroved	o the hosp	any natu	(except	); and (6)	a obtainer
٠	ust be c	ased t	dent of	ospital	death	must b

BY M.E.

RELEASED TO HOSPITAL

death death ceased on the This certificate must the body was releashows: (1) An accide was D.O.A. at a hodeceased prior to a written approval m

7-460	Y HEALTH DEPARTMENT	9 11901
BIRTH NO. CERTIFICA	TE OF DEATH REG. NO.	0 11301
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH	
MATTIE T. FOWLER	November 26, 1969	1 8:33 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institutions A. STATE B. COUNTY	residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland Calvert	5400
Baltimore City Hospitals	C. CITY OR TOWN 20639  Huntingtown, Md.  P. INSIDE CITY YES	
3 / 4940 Eastern Avenue	E. STREET AND NUMBER	] NO k
Baltimore, Maryland 21224	Box 89	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years if Un	der 1 Yr. , If Under 24 Hrs. S Doys Hours Min.
Female White WIDOWED DIVORCED	0-2-01 88	Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even it retired)	11. BIRTHPLACE (State or foreign country) 12. Ct	TIZEN OF WHAT COUNTRY
	Maryland	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
James Rawlings	Dorcilla Buckler	
15. Wes Deceesed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SEGURITY NO.	17. INFORMANT 4940 Eastern	ADDRESS
215-54-5073-		
heart lailure, asthenio, etc. It means the disease, injury ar complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	ISE CEREBROVASCULAR ACCIDENT  A CONSEQUENCE OF:  LEROTIC CARDIOURSCULAR DISEASE  A CONSEQUENCE OF:  S. MELLITUS  20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF  n or obout 21C. WHERE DID (If In Baltimore City, gl fice bldg. INJURY OCCUR?  HUNTING TOWN MIRRY LAND	/
22. I certify that (1) (this haspital) attended the deceased from O.Z.		
that M (we) last saw the deceased alive an NOVEMBER 24	1.0	
and haur and from the causes stated above (1) (We (did) (did not) vi	y aprillation det	ith accurred on the date
23A. SIGNATURE		TE SIGNED
Michael M. Mu Connell, M. Disperson Phys.	nding = Mad === c, r, ==/	26-69
IOO C DILIVOL OL	23D. ADDRESS Baltimore City Hospit	
Michael M. McConnell. M.D.	4940 Eastern Avenue, Baltimore	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREATERY		
Burial 11/29/69 Mt Harmony	Owings Calve	
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS

VS 150-REV. 1/1/68

Authins

Buneral Home, Owings,

MPORTANT FUNERAL DIRECTOR:

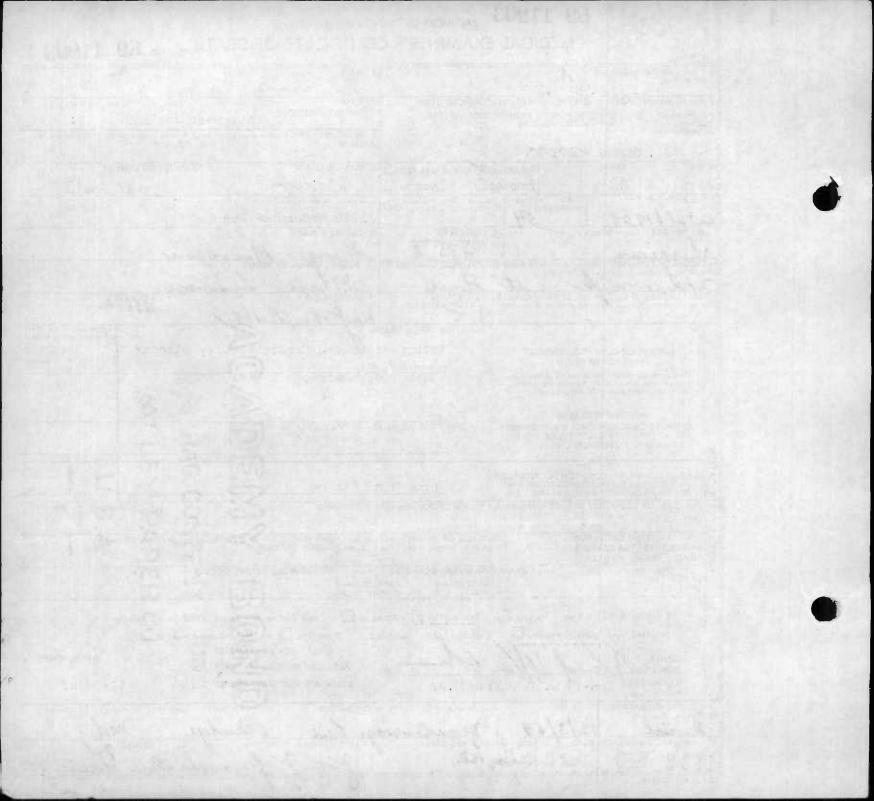
BALTIMORE CITY HEALTH DEPARTMENT 69 11902 REG. NO. 69 11902 CERTIFICATE OF DEATH al and death the Such etermined cause; (5) Deceased I. NAME OF DECEASED RUPPERS BERG-ER 2. DATE AND HOUR OF DEATH INENE LANGE 0 hospital NOV. 29, 196 death. 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
A. STATE
B. COUNTY 90 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance COUSE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYLAND C. CITY OR TOWN attend 0 D. INSIDE CITY LIMITS BALTIMORE YES -MEMORIAL HOSPITAL prior contributing E. STREET AND NUMBER 1951 PAUL ST. regular O 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 9. AGE (in years If Under 1 Y. Months Doys deceased Hours Min. WHITE FEMALE WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fereign country) 12. CITIZEN OF WHAT COUNTRY? 2 isposition done during most of working life, even if retired) (4) Und MARYLAND 11 SA Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct ROSE HARRYMAN WILLIAM assistant eath 0 15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no er unknewn) (If yes, give war er dates of service) v 6. SOCIAL 17. INFORMANT ADDRESS or final SECURITY NO. attendance T BONNIE BLINK MASONIE HOME 12 325971 pronounced CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embaimed LEADING TO DEATH (A) IMMEDIATE CAUSE RUPTURED ABRITIC ANEURYSA fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, examiner. (3) A fractu regular injury or camplication which caused death.) ARTERIOSCLEROTIC VASCULAR DISEAS ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF rise to the above cause (A) stating the physician the remains UNDERLYING CONDITION Just Was П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). any nature; (2) Body the 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 8 20A. AUTOPSY? (Yes or Ne) 208. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF Where 21B. PLACE OF INJURY (e.g., in er about 21C. WHERE DID heme, farm, factery, street, office bidg., INJURY OCCUR? (If In Baltimere City, give exact lecation) to the hospital MEDICAL DEATH (netify medical examined obtained 21 D. TIME (Month) (Dey) (Year) (except v ; and (6) (Heur) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Net While While At (APPROX) Work At Werk 22. I certify that (I) (this hospital) attended the deceased from NOVEMBER 28 that (1) (we) last saw the deceased alive an NOVENBER 29 pe and that in (my) (aur) apinian death accurred on the date accident of hospital eath) and hour and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death. the body was released shows: (1) An accident must 23A. SIGNATURE T Attending | 0 approval O 23G. PHYSICIAN'S NAME (Type) prior SUI to D.O.A. DEGREE 24A. BURIAL CREMATION, REMOVAL (Specily) deceased 24B. DATE 24C, NAME of CEMETERY OF CREMATORY (City, tewn, or county) Written 12-2-MARIK Mal HLIIMORE DATE REC'D BY HEALTH DEST. SD M 25C. FUNERAL DIRECTOR ADDRESS 1050 york VS 150-REV. 1/1/68

No

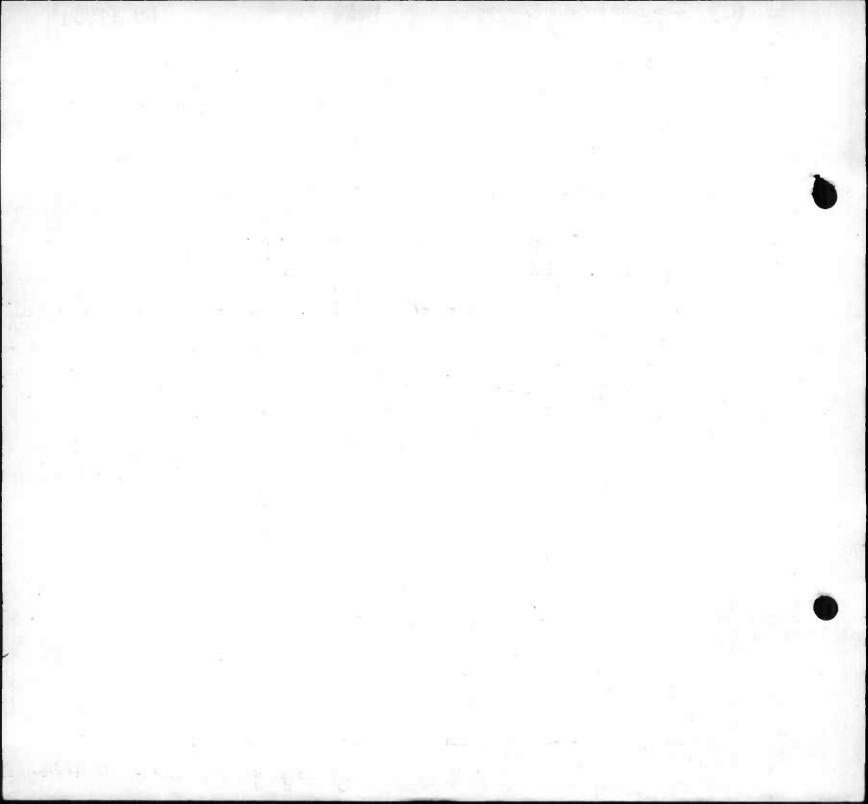
(Stote)

## 69 11903

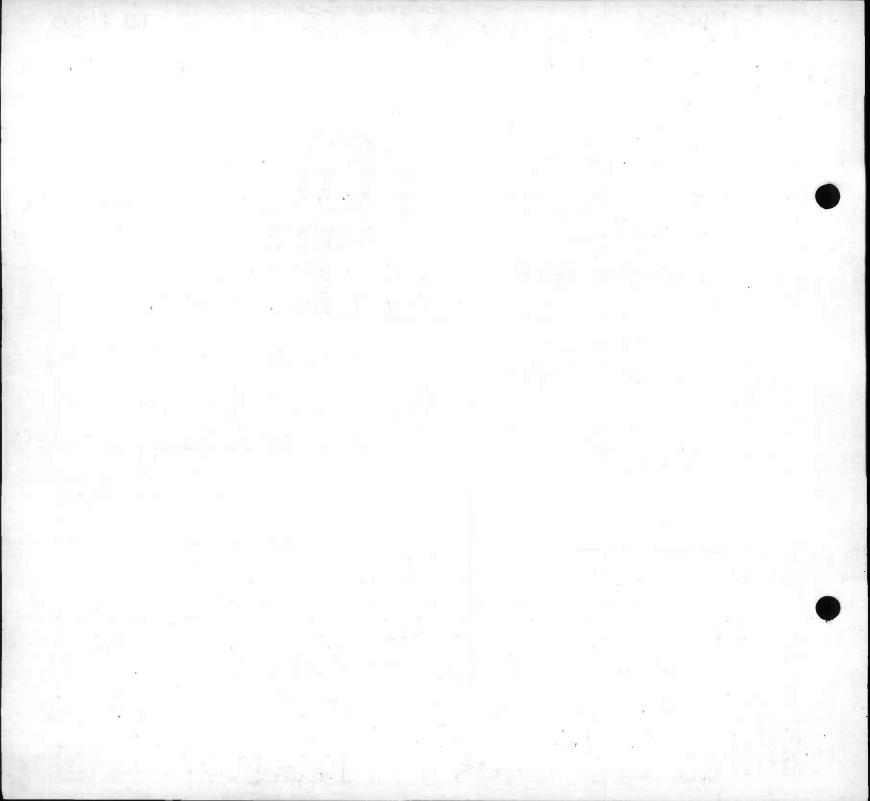
	5-100	)		TOO		BALTIMORE CITY HE			E DE 4 3	X		
BI	RIH NC.		MEL	ICAL	- EX	AMINER'S	LEKTIFI	CATEO	F DEA I	H REG. NO.	69	1903
1.	NAME OF DE		A.	שמש			2. DATE OF	Known   Estimoted [	Manth	Day	Yeor	Hnur
4.	LORRAINE BEEBE  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				3. DATE	Estimoted L	Month	Day	Yeor	Hour		
FU	LL NAME OF SPITAL INSTITUTION	(IF NO		L OR INS		N, GIVE STREET	PRONO	UNCED DEAD	Novemb	er 29,19	969	9:20 A.,
1	11)	AGNES	HOSPIT	AL			I A. STATE	Maryland		B. COUNTY	: residence b	before odmission)
6.	SEX	7. RACE		8. MARE	RIED E	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?	
	emale	White		WIDOY				timore		YE	s B	по 🗆
1.	L/28//	909	10. AGE (In lost birthdo	years 59	Month	ler 1 Yr. II Under 24 Hrs. s. Doys Hours Min.		McCormic	k Avenu	ıe		15134.17
11.	BIRTHPLACE (		gn country)			TIZEN OF	13. FATHER		1			
14A	USUAL OCCU	JPATION (Give	re kind of work	14B. KIND	OF BI	U. D. A USINESS OR INDUSTR	15. MOTHE	R'S/MAIDEN N	AME	son		
don	during plost of	working life, ex	en If retired)	of	4-	Hard.	21	Laco	1			
16. (Ye:	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	?	7. SOCIAL SECURITY NO.	18. INFORA	MANT	-au	AI	DRESS	
	-	70.70.7		01 3014160		SECONITI NO.	must	The B	sele/	-4	bore	
Ш	19. 41	2,4				CAUSE OF DEA	TH /		Letter 1			PROXIMATE INTERVAL
П		E OR COND		CTLY		Arterios	cleroti	c Cardio	vascula	r Diseas	e	
Н	(This does r	LEADING TO	mode of dv	ing, e.g.,		(A)IMMEDIATE C	AUSE AS A CONSEQ	HENCE OF				
	heart foilure	, osthenio, éto mplicotton whi	. It meons the	diseose,		DOE 10, OK 7	G A CONSEQ	DENCE OF:				
В	Δ	NTECEDENT	CALISES									
		OR CONDITI		GIVING		(B) DUE TO, OR	AS A CONSEC	QUENCE OF:				
z	UNDERLYII	NG CONDIT	ION LAST.	ING THE		(c)						
01			11			(0)						
CERTIFICATION	DISEASE OF	NIFICANT COL ATH BUT NOT CONDITION	RELATED TO GIVEN IN PA	THE TERM	INAL	Bronchi						
ERT	20A. DATE O	F OPERATION	1 20B. CON	DITION	FOR W	HICH OPERATION WA	S PERFORM	ED			21. AUTO	PSY? (Yes or No)
الحا	001										r	10
EDICA	22A. EXTER UNDERLYING UTING  CA		TRIB-		22B. PL home, I	ACE OF INJURY (e.g., arm, foctory, street, office	ln or obout 2: bldg., etc.)	2C. WHERE DIE	(If In Baltimo	re City, give exoc	t locotion)	F
Σ			Doy) (Yeor		WH	INJURY OCCURRED NOT	WHILE -	2F. HOW DID 1	NJURY OCC	UR?		
	23.				m.  WC	RK ATW	ORK					
	1 cert	ify that I h	eld on Ir	quiry		nspection X Au	op sy	ond that on	this basis,	death in my	pinion	
	resul	ted fram: N	atural caus	es X	Acc	Ident Sulcid	e 🗌 Ho	mlcide 🗌	Undetermi	ned monner	]	
	ACTUAL	11	. 0	1111		11/2		HIEF MEDICAL				DATE SIGNED
	SIGNATI	-1-10	My 1	1/6	ul	M.D		TANT MEDICA				
	NAME (1		ald N.	Korn	b lu	m,M.D.	ASSO	CIATE MEDICAL	EXAMINER	П	11/3	30/69
24A RE/	BURIAL CREA	MATION, 2	48. DATE		24C.	NAME of CEMETERY	or CREMATO	RY 240	LOCATION	(City, town,	or county)	(Stote)
-	Burial	2	2/3/	59	-	neadowri	las to	1	Elkrid	ae	ma	
254	. DATE REC'D	BY HEALTH	DEPT.	25B. N.			25C. F	UNERAL DIREC	TOR O	AD	DRESS 9	/
0	EC2	1969 ी	Sept E	Tado	eag !	E Bo.	20	In Jic	Cowan	son Du	y. H	Elis St
VS	51-REV. 1/1/68	3		Ĩ	0	A WA CO.	100	3 /0 7			2	3 rul.



,	BALTIMORE CITY	Y HEALTH DEPARTMENT 69 11904
BIR	0-452 69 11904 CERTIFICA	TE OF DEATH REG. NO.
1. N (Ty)	AME OF DECEASED OF Print) ALBERT B WILLIAMS	2. DATE AND HOUR OF DEATH  12.35 pm 11/28/68
3. 1	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION)	Malyland Baltimore 5
N S	TITUTION	Bach more D. INSIDE CITY LIMITS?
4	Lutheren Hospitel	E. STREET AND NUMBER
		6031, Gwynn Oak Anenne
h	6. RACE 7. MARRIED X NEVER MARRIED WIDOWED . DIVORCED	B. DATE OF BIRTH  19. AGE (In years  If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY guring mgst al working life, even if retired)	11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF WHAT COUNTRY
	Refised - Engineer	Baltimore, Md. USA
3.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Samuel T. Williams	Sheffel
5. Ye:	Was Deceased Ever in U. S. Armed Forces?  (I) 16. SOCIAL  SECURITY NO.	Reletives + et brie of de els
	NO 212-01-7253	Elsie C. Williams-6031 Gwynn Oak Avenue
	18. CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CA	use Haentaness
		A CONSEQUENCE OF;
	fortune as a simultantian multiple annual display	0 0 00
		einome duce
	rise to the above couse (A) stoting the	6 A CONSEQUENCE OF:
	UNDERLYING CONDITION last. (C)	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
CERTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CER	21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If In Boltimore City, give exact location)
CAL	OR CONTRIBUTING CAUSE OF CAUSE OF COMMENT CONTRIBUTION CAUSE OF COMMENT CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAU	office bidg., INJURY OCCUR?
ō	21D.TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
X	(APPROX.) While At Work At Work	le 🔲
	22. I certify that (I) (this hospital) attended the deceased from	11 39 19 69 ta 11/28 1969
	that (I) (we) last sow the deceased alive an 12:35 pm !	9 6 9 ' ond that in (my) (aur) opinion death occurred on the da
	and haur and fram the causes stated abave. (I) (We) (did) (did nat)	view the bady after death.
	23A. SIGNATURE ON 1 9 8 KOLE	ending Med. Stoff Stoff
	DEGREE Phy	ys. Director Phys
	23C. PHYSICIAN'S NAME (Type) PRATIMA KHASTAGIR OEGREE	Lutheen Hospitel.
24A	BURIAL CREMATION, REMOVAL (Specily) 24B. DATE 24C. NAME of CEMETERY or CR	EMATORY 24D. LOCATION (City, town, or county) (State)
	irial 12-1-69 Lorraine Ceme	
25A	DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS
1	50-REV. 1/1/6B	Armacost Funeral Chapel-4600 Liberty H
13	I UV TELT I I I UU	



BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 11905 CERTIFICATE OF DEATH and Such Deceased death I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Christine Younger uo November 30. a hospital of death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance B. COUNTY cause; (5) cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland FULL NAME OF ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? INSTITUTION 0 Baltimone YES K NO occurred in prior E. STREET AND NUMBER contributing E. North Avenue North Avenue is made. Undetermined regular 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. 7. MARRIED NEVER MARRIED tost bigthdoy Female Nov. 1, 1900 DIVORCED WIDOWED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition death done during most of working lite, even if retired) = USA or Homemaker Maryland Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the 4 harles Kotalik Mary death LO 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL 17. INFORMANT or final (Yes, no of unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance 03 0851 Slipka 2003 E. North Avenue No Geraldine any APPROXIMATE INTERVAL CAUSE OF DEATH pronounced BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Also, embalmed o LEADING TO DEATH RONA (This does not meen the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenio, etc. Il means the disease, regular injury or camplication which caused death.) ho ANTECEDENT CAUSES 4 obtained before the remains are DUE TO, DISEASES OR CONDITIONS, if any, giving 3 <u>e</u> rise to the above cause (A) stoting the MELLITUS physician UNDERLYING CONDITION last. No physician was burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) the chief Body 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19B. CONDITION FOR WHICH OPERATION the 19A. DATE OF OPERATION 0 IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bidg., INJURY OCCUR? (If in Boltimore City, give exact location) hospital MEDICAL DEATH (notify medical examiner) any nature; 21 D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While approved (except While At (APPROX.) and Work At Work to the 22. I certify that (1) (this haspital) attended the deceased fram pe that (1) (we) last saw the deceased alive an and that in (my) ( apinian death accurred an the date hospital death) and have and from the causes stated abave. (1) (We) (did) (didense) view the bady after death. released must accident 23A. SIGNATURE 23 B. DATE SIGNED Attending 7 Staff 40 Phys. written approval Director 0 23C. PHYSICIAN 23D. ADDRESS deceased prior to MOS NAME (Type shows: (1) An 3 HENR D.O.A. 24A. BURIAL CREMATION, 24B. DATE CEMETERY OF CREMATORY LOCATION he body REMOVAL (Specify) Holy Redeemen 12-3-69 eneteru SD 95B. MAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT 25G. FUNERAL DIRECTOR ADDRESS hesaco Avenue VS 150-REV. 1/1/6B



## M-350 69 11906 BALTIMORE CITY HEALTH DEPARTMENT

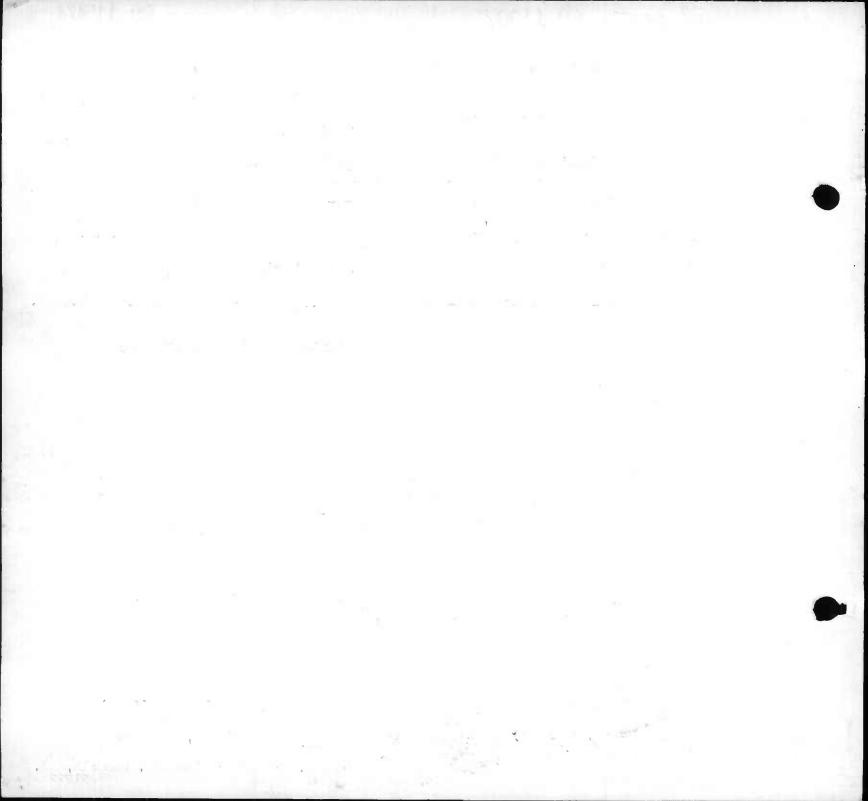
MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF	DEATH
MEDICAL	TVVVIII ITI	CEVILICALE		DLAID

69	11906

BIRTH NO.		71120	ICAL	LAAMII (LK 3	CLKIII	CAILOI	DLAI	REG. NO.		77000
I. NAME OF DECI	EASED				2. DATE	Knawn 🔲	Month	Day	Year	Hour
(Type or Print)	CHARLE	ES MA	DDEN		OF DEATH	Estimoted [				
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD							Month	Doy	Yeor	Hour M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)					UNCED DEAD	Novem	ber 29,1	1969	7:20 P. M.	
OR INSTITUTION					5. USUAL	RESIDENCE (When	e dece ased li		residence b	pefore admission)
	IDENT	HOSPIT		(DOA)	A. STATE	Maryland		B. COUNTY	13	04
Male				D NEVER MARRIED	C. CITY O			D. INSIDE CIT	LA FIWI123	
	Negr		WIDOWE			ltimore		YE	s 🔀	NO O
9. DATE OF BIRTH	1930	10. AGE (Ir last birthdo	years	f Under 1 Yr. II Under 24 Hrs. Nonths: Doys : Haurs : Min.	E. STREET	2241 Re	1sters	stown R	oad	
11. BIRTHPLACE (Se	ole or foreign	n country)	1	2. CITIZEN OF	13. FATHE	'S NAME				
Howardsv	11116	Mans	7] and	WHAT COUNTRY?	Sh1	rley Leo	Medde	an Sn		
14A.USUAL OCCUP	ATION (Give	kind of work	14B. KIND	OF BUSINESS OR INDUSTR	VIS MOTH	D'S MAIDEN NA	ME	oug DI.		
dane during most of wo	rkina life, eve	n if retired)		31 203114E33 OK 114D031K						
Unemploy						ia Johns	on			
16. WAS DECEASED	If yes, give w	ar ar dates	FORCES?	17. SOCIAL SECURITY NO. 218 26 947	18. INFOR				DRESS	
NO				218 26 947	I Le	Lia Madd	en 711	16 Waln	ut Av	renue
19.	1.6	- W		CAUSE OF DEA					AP	PROXIMATE INTERVAL
	69 773			Gunshor	Found	of chest			BETW	TEN ONSET AND DEATH
	OR CONDI		CITA	Gallatio	- woulld	or chest				
(This does not			Ina a a	(A)IMMEDIATE	CAUSE					
heort foilure, o	osthenio, etc.	It meons the	disease.	DUE TO, OR	AS A CONSE	QUENCE OF:				
injury or comp	pileation which	n coused dec	th.)							
ANI	TECEDENT	AUSES		(0)						
DISEASES OF			GIVING	(B) DUE TO, OR	AS A CONS	QUENCE OF:				
RISE TO THE	ABOVE CAU	ISE (A) STAT	ING THE							
Z	COMPIN	JIT LASI.		(c)						
OTHER SIGNIF		I								
OTHER SIGNIE	FICANTICON THE BUT NOT I	DITIONS CO	ONTRIBUTII THE TERMIN	NG Al					- 1	
E DISEASE OR C	CONDITION	SIVEN IN PA	RT 1 (A).	***************************************						
20A. DATE OF	OPERATION	208. CON	DITION	OR WHICH OPERATION W	AS PERFORI	MED			21. AUTO	PSY? (Yes or Na)
ZZA. EXTERN	AL CAUSE V	VAS	122	B. PLACE OF INJURY(e.g.	in or about	2C WHERE DID	/II in Rolliman	o City alva avec	1 )	7es
UNDERLYING	OR CONT	RIB-	ho	B. PLACE OF INJURY (e.g., ome, larm, loctory, street, office						1302
UTING □ CAU	SE OF DEAT			Grill		Bob's Gril	1-901 1	Whiteloc	k Stre	eet
OF INJURY	lanth) (Do	y) (Year	) (Hour)	22E.INJURY OCCURRED		22F. HOW DID IN	JURY OCCL	JR?		
(APPROX.) 11-	-29-69	7:00	) P. m	WHILE AT NOT WORK	WHILE	Shot durin	0 11+01	rostion		
23.				AI V	TORK LES IL	moe darin	g alte.	reation		
I certif	y that I he	ld on Ir	aquiry 🔲	Inspection Au	topsy X	ond that on t	his basis.	death in my a	ninion	
resulte	d from: No	dural con-	🗆	Accident Suici		. । इस		-	7	
1030110		10101 000	.03	Accident L	. п			ed monner	J	
ACTUAL	1/2	. /	1/1/	11/	VI TO	CHIEF MEDICAL	EXAMINER	닏		DATE SIGNED
SIGNATUR	REIN	M	1110	M.C	. ASS	STANT MEDICAL	XAMINER	x		DAIL SIGNED
EXAMINER						CIATE MEDICAL	EXAMINER		1/30/6	9
NAME (Ty		nald N	I. Kor	nblum.M.D.					_, _, ,	
24A. BURIAL CREMA	ATION, 24	B. DATE		24C. NAME of CEMETERY	or CREMATO	ORY 24D.	LOCATION	(City, tawn,	or county)	(State)
REMOVAL (Specify) Burial		2/3/	60	Cterenson (	Inmata.		~ - l			
25A. DATE REC'D B			72		Cemete		parks			
ZJA. DATE KEC'D B				ME OF REGISTRAR	25C.	FUNERAL DIRECT	OR	AD	DRESS	
ECZ ISOS	1300	D 6 . 38	Beng 8	F. mil	Le	vis T. G	wynn 4	1517 Da	mle II-	A colo de
VS 151-REV. 1/1/68	4.7	333		6-9-9-	7 0	1 0 8	9 1.111	11 18	IN HE	ights Av
	Ph. /	3 M. C. Com.		M 44 1	1 6	0 3 0				

The transfer the ball on the transfer country with a which contains the property of the state of the The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s the state of the state of the state of

1	M-265 69 11907 BALTIMORE CITY HEALTH DEPARTMENT 69 11907								
sed the the Such	BIRTH NO. CERTIFICATE OF DEATH								
	1. NAME OF DECEASED (Type or Print)  MCCORMICK, ARTHUR EDWARD  2. DATE AND HOUR OF DEATH November 28, 1969  7:15 P								
of d Dece on ath.	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence below admission)								
cause ise; (5) endanc to dec	FULL NAME OF ADDRESS OR LOCATION) INSTITUTION Veterans Administration Hospital 3900 Loch Raven Blvd  A. STATE Maryland  C. CITY OR TOWN Baltimore,  D. INSIDE CITY LIMITS?  Baltimore,								
rred in a suting called cause ar attendar to prior to ide.	Baltimore, Maryland 2 1218  E. STREET AND NUMBER 630 Wyanoke Avenue								
but hed lar ade	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., II Under 24 Hrs.								
occurre ontribut ermined regular eased p is made	PIALE III								
	dane during most of working life, even it retired)  Penn    11, BIRTHPLACE (State at lareign country)   12, CITIZEN OF WHAT COUNTRY?								
or or ind de	Retired Conductor Railroad Maryland U.S.A.								
rect or c (4) Undet was in the dec									
<b>芦苇 水平 医五</b> [	John McCormick  Annie MeNeil  15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT   Records   ADDRESS								
a o a d	Yes, no or unknown  (III yes, give war or dates of service)   SECURITY NO.   TUECOTAS								
ssis th de de fin	Yes 11-4-17 to 6-7-19 717-07-8226 VA Hosp., 3900 Loch Raven Blvd. Balto., Md.								
the chief medical examiner or his as all by a medical examiner. Also, if (2) Body burns; (3) A fracture of any ere the physician who pronounced ophysician was in regular attendatore the remains are embalmed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused deeth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the UNDERLYING CONDITION tost.  (B)  DUE TO, OR AS A CONSEQUENCE OF:  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION NO 20A. AUTOPSY? (Yes or Not) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID or CONTRIBUTING CAUSES OF DEATH?								
y this it all	DEATH (natify medical examiner)								
d b	21D. TIME (Manth) (Day) (Year) (Haur) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work 21E INJURY OCCUR?								
to the of any all (exc	22. I certify that (1) (this hospital) attended the deceased from November 16 19 69 to November 28 19 69, that (1) (we) last saw the deceased clive an November 28, 19 69 and that in (3) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1								
nust be leased cident hospit to deat	23A. SIGNATURE  Attending Med. Staff Phys Director Phys Staff Phys Director Phys Staff								
certificate noody was rests: (1) An acc D.O.A. at a ased prior ten approva	23C. PHYSICIAM'S NAME (Type)  GWENDOLYN JEWELL  MD DEGREE 3900 Loch Raven Blvd., Balto., Md. 21218								
E P B	24A. BURIAL CREMATION, REMOVAL (Specily) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)								
his certine body hows: (1) ras D.O. eceased	Burial Baltimore National Baltimore, Maryland								
This cert the body shows: ( was D.C decease written	25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS  John J. Duda, 7922 Wise Ave. Dundalk, Md.  VS 150-REV. 1/1/68								
	TO 100-NCT1 11 11 00								

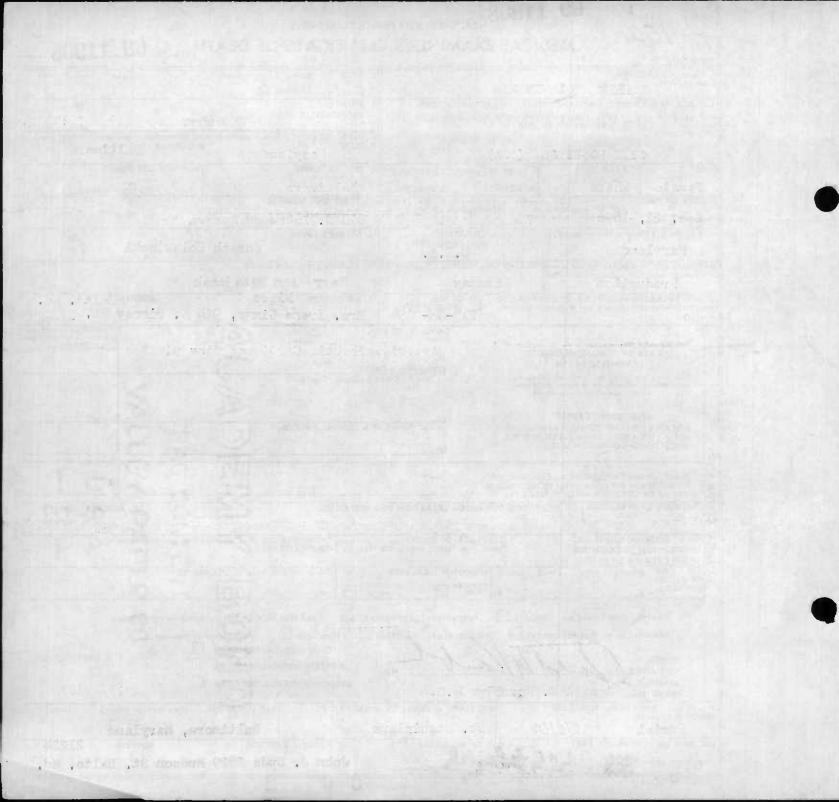


### MEDICAL EXAM

U = (1 to 1)	MORE CITY HEALTH DEPARTMENT
BIRTH NO. MEDICAL EXAM	AINER'S CERTIFICATE OF DEATH REG. NO. 69 11908
1. NAME OF DECEASED (Type or Print) TILLIE HOLEWINSKI	2. DATE Known Month Day Year Hnur OF DEATH Estimated M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD November 28, 1969 12:10 Pm.
CITY HOSPITAL (DOA)	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE  Maryland  B. COUNTY  Baltimore/0 4
6. SEX 7. RACE 8. MARRIED NEVEL WIDOWED 1	D. INSIDE CITY LIMITS?  DIVORCED Baltimore YES X NO
	. If Under 24 Hrs. E. STREET AND NUMBER s, Hours, Min. 813 S. Lakewood Avenue
	Joseph Holewinski
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINES: dane during most of working life, even if reflred)  Production  Esskay	ss or industry 15. Mother's Maiden Name Mary Ann Ratajczak
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknawn) (II yes, give wor or doles of service) SEC 213-	CURITY NO -05-2194 Mrs. Irene Simms, 924 S. Binney St. 21224
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH  Arteriosclerotic Cardiovascular Disease  (A)   MMEDIATE CAUSE   DUE TO, OR AS A CONSEQUENCE OF:
ANTECEDENT CAUSES	(B) DUE TO OR AS A CONSEQUENCE OF

John J. Duda 2829 Hudson St. Balto. Md.

FULL NAME OF	(IF NOT IN HOSPI	TAL OR INSTITUT	TION, GIVE STREET	PRONOUNCED DE	AD Novemb	er 28, 1	1969	12:10 P		
OR INSTITUTION				5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)						
	CITY HOSPITA	L (DOA)	A. STATE Maryland B. COUNTY Baltimore/04							
6. SEX	SEX 7. RACE 8. MARRIED NEVER MARRIED					D. INSIDE CITY LIMITS?				
Female						YES	X N	10 🗆		
9. DATE OF BIRT	. I lost histhe	In years If t	Under 1 Yr. If Under 24 Hrs. nths, Doys, Haurs, Min.	E. STREET AND NUM	BER					
Dec. 22	, 1896	72		813 S. Lake	ewood Avenu	ie				
	State or loreign country)		CITIZEN OF	13. FATHER'S NAME						
Maryl			WHAT COUNTRY?		Joseph H	olewinsk	ci			
dane during most of	IPATION (Give kind of world working life, even if rettred)	14B. KIND OF	BUSINESS OR INDUSTRY							
Prod	working life, even il relired uction	Es	skay	Mary Ar	n Ratajczał	C				
16. WAS DECEAS	ED EVER IN U.S. ARME	D FORCES?	17. SOCIAL	IB. INFORMANT N	iece	ADD	RESSBa]	to. Md.		
No	, and the work of dollar	, di servicej	213-05-2194	Mrs. Irene	Simms, 924	S. Binr	ney St	וופפרפ		
19.	0-6-		CAUSE OF DEA	ін				ROXIMATE INTERVAL EN ONSET AND DEATH		
DISEAS	E OR CONDITION DIR	ECTLY	Arterio	sclerotic Ca:	rdiovascula	r Diseas		EN ONSEL AND DEALF		
	LEADING TO DEATH		(A)IMMEDIATE C							
(This daes n	nat mean the made of d e, asthenia, etc. II means th	ylng, e.g., e diseose.	DUE TO, OR A	S A CONSEQUENCE OF:				*****		
Injury ar cor	mplication which coused de	rath.)								
AI	NTECEDENT CAUSES		/e\							
	OR CONDITIONS, IF AN	Y, GIVING	DUE TO, OR	AS A CONSEQUENCE O	F:			***************************************		
II I UNDFRIYIN	NG CONDITION LAST.	ATING THE	(c)							
<u> </u>			(C)							
ODITION OF CANADA	NIFICANT CONDITIONS C	ONTRIBUTING	;							
DISEASE OR	ATH BUT NOT RELATED TO	OTHE TERMINAL								
20A. DATE OF	F OPERATION 208. CO	NDITION FOR	WHICH OPERATION WA	AS PERFORMED		2	I. AUTOP	SY? (Yes or No)		
021								1700		
Z 22A. EXTER	NAL CAUSE WAS	22B.	PLACE OF INJURY (e.g., e, lorm, foclary, street, alfice	In or obout 22C. WHERI	DID (If in Boltimore	City, give exact I	yes location)	)		
UNDERLYING OCA	GOR CONTRIB-	hom	e, lorm, toclary, street, altice	bldg., etc.) INJURY OC	CUR?					
Z 22D. TIME OF INJURY	(Month) (Day) (Yes	r) (Hour)	22E.INJURY OCCURRED	22F. HOW [	ID INJURY OCCUR	?				
(APPROX.)			WHILE AT NOT AT W	WHILE						
23.		111.	WORK LI AIW							
l cert	rify that I held an	Inquiry 🗌	Inspection Aut	topsy 🗵 and tha	t an this basis, de	eath in my ap	Infan			
resul	ted from: Natural ca	uses 🖹 🙏	Accident Suicid	e Hamicide	Undetermine	d manner				
		101/1	111	CHIEF MED	ICAL EXAMINER					
ACTUAL		1 4/6	and M.D.	ASSISTANT MED	ICAL EXAMINER	z	D	DATE SIGNED		
FYAMIN	ED'S				ICAL EXAMINER	7				
	Type) Ronald N						11/2	19/69		
24A. BURIAL CREA		2.	4C. NAME of CEMETERY	or CREMATORY	24D. LOCATION	(City, town, o	r county)	(Stote)		
Buria		69	St. Stanislau	s	Baltimor	e. Marv	Land			
25A. DATE REC'D			E OF REGISTRAR	25C. FUNERAL D			RESS	21224		



7	-220	69 11	909 BALTIMORE CITY	HEALTH DEPARTMENT	V	69 11909
PLIPT		00 111	CERTIFICA	TE OF DEATH	X REG. NO	
	H NO.	J.		2. DATE A	ND HOUR OF DEATH	
{Тур	e or Print)	e Dekowsk	i	NN	levember 28	1.1969 1:00 P. M.
3. P	LACE IN BALTIMORE, MA			4. USUAL RESIDENCE (Wh	ere deceased lived. If in	is itution: residence before admission)
EIII	L NAME OF (IF NOT	IN HOSPITAL OR IN	STITUTION CAVE STREET	Maryland	Baltimore	5300
HO	SPITAL OR ADDRES	S OR LOCATION	STITUTION, GIVE STREET	C. CITY OR TOWN	D. INSI	IDE CITY LIMITS?
	Fayette	e St. Nursi	ng Home	Baltimore E. STREET AND NUMBER		YES NO A
9	0 1105 E.	Favette	Street	6935 Eastbr	ook Ave.	21224
5. SI			NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths! Days Hours Min.
	Male Wh	ite WIDON	# =	May 1, 1911	lost birthday)	Widning Day's Troots Willi,
	USUAL OCCUPATION (Giv	e kind of work 10B, KtNI	OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
done	tationary Engi	neer Du	ndalk Sr. High	Mundler	d	U. S. A.
13. F	ATHER'S NAME			14. MOTHER'S WAIDEN NA	ME	
	T	D -11-2		C+ -7.71-	Tarrandarrak	
15. V	Vas Deceased Ever in U. S	Dekowski Armed Farces?	1 6. SOCIAL	Stella 17. INFORMANTe)	Lewandowsk	timore. Md.
	,no or unknown) (If yes, give	war at dotes of serv			<i>*</i>	Eastbrook Ave.
	18. 4 / / / 1		217 22 4873 CAUSE OF DEAT	Rosallie Dek	TOWSKI 0977	APPROXIMATE INTERVAL
	DISEASE OR CON	DITION DIRECTLY	CAUSE OF DEAL	$\Lambda$ $\Lambda$	0	BETWEEN ONSET AND DEATH
	LEADING 1		(AMEDIATE CA	USE MAXIMONI	rel Vai	allow he
	(This daes not mean th			A CONSEQUENCE OF:		
	heart failure, asthenia, et injury ar camplication wh	1.				
	ANTECEDEN					
	DISEASES OR CONDIT	IONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	0 ± 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	rise to the above of		the (C)			
}			(//		***************************************	
Z	OTHER SIGNIFICANT CON		NG LAW	in aucusia		a. mal aus
	TO THE DEATH BUT NOT R DISEASE OR CONDITION G	ELATED TO THE TERMI	NAL JAVILV	at amound		Grann connic
	19A. DATE OF OPERATION	198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or h	No) 208. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
CERTIFIC				No		
	21 A. ACCIDENT WAS UN OR CONTRIBUTING CA	USE OF	21 B. PLACE OF INJURY (e.g., home, form, factory, street, c	in or obout 21C. WHERE DID affice bldg., INJURY OCCUR?	(If in Baltima	re City, give exact lacation)
U	DEATH (natify medical exa	min er)	etc.)		•	
	21 D. TIME (Month) (I OF INJURY	Doy) (Yeor) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID IN	IJURY OCCUR?	
2	(APPROX.)		While At Wark  Work  Not Whi At Wark			
	22. I certify that (1) (th	ik NoXp(tkl)Kattend	ed the deceased from		19 69 to NO	ovember 28, 19 69
	that (1) NWK) last saw t	he deceased alive	an 28 NBY	19 69 and 1	that in(my) (🌠r) api	inian deoth occurred on the date
	and hour and, fram the	couses stoted abay	ve. (1) (16) (did) (did net)	view the body ofter deoth	•	But a said
	23A. SIGNATURE	11 00	man			23 B. DATE SIGNED
	moun	Hills	QE GREE Phy	ending Med.  Director	Staff Phys.	28NOY.69
	23C. PHYSICIAN'S NAME (Type)	1 1/6	10	23 D. ADDRESS	(1 0:	
	Javie	slar Hulla	M. V-	2214 E FRYET	TO ST Balt	imore, Maryland
24A	BURIAL CREMATION, 24		IC. NAME of CEMETERY OF CR			ity, town, or county) (State)
F	Burial	12/2/69	St. Stanislaus			ltimore, Maryland
25A	. DATE REC'D BY HEALTH	DEPT. 258. NA	ME OF REGISTRAR	John J. Dude	OR TO SEE	ADDRESS
F	C 2 1969 534	hell E. Hadle	some or o	oun J. Dude	7922 Wise	Ave. Dundalk, Md.
1/5	150 PEV 1/1/48	1 1	- <del>7 4</del>	1007		

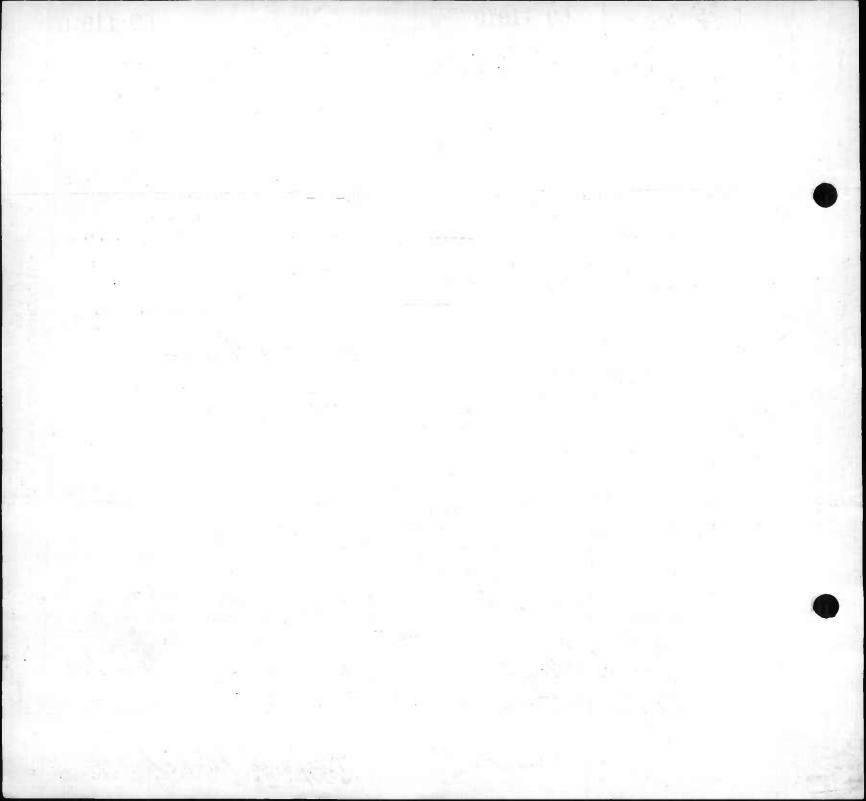
28/0/189

t e

, ,

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH pital and of death Deceased the Such I, NAME OF DECLASED 2. DATE AND HOUR OF DEATH (Type or Print) uo o hospital death. 4. USUAL RESIDENCE (Where deceased lived, If institution: resident 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance (5) cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND CECII HOSPITAL OR ADDRESS OR LOCATION) CITY OR TOWN D. INSIDE CITY LIMITS? cause; 0 NO ELKTON prior THE JOHNS HOPKINS HOSPITAL E. STREET AND NUMBER contributing 148 etermined MAIN regular ŏ S. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 7. MARRIED NEVER MARRIED mag eceased last birthday) Months Days Haurs 44 = 20 = 69 FEMALE WHITE WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition dane during most of working life, even if retired) Dud 0 O U.S.A Maryland -----SD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the direct (4) 3 ANGEL ROSARIO

15. Was Deceased Ever in U. S. Armed Forces Mary S. Calderon death kind; ADDRESS 6. SOCIAL 17. INFORMANT ō final (Yes, na ar unknown) (If yes, give war ar dates of service) SECURITY NO. attendance Imed or fina No -----Angelo Rosario. Elkton. Md any CAUSE OF DEATH APPROXIMATE INTERVAL pronounced 18. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE KC3 fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF ular heart foilure, osthenio, etc. It means the disease, pa injury or complication which coused death.) E ANTECEDENT CAUSES 0 who 0 re are 4 DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving the obove couse (A) stoling the physician UNDERLYING CONDITION lost. remains Was П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING an TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART + (A) Body the 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED physici 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, factory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF 2 (If in Boltimore City, give exact location) where CAL ŝ hospital DEATH (natify medical exominer) MEDI 21 D. TIME OF INJURY obtained (Manth) (Day) (Year) 9 (Hour) 21 E. INJURY OCCURRED 21F. HOW'DID INJURY OCCUR? (except White At Nat While (A PPROX.) Wark At Work and to the any 1969 22. I certify that (1) (this hospital) attended the deceased from 6 that (I) (we) lost saw the deceased alive on... and that in (my) (our) opinion death occurred on the date be of hospital eath) ond hour and from the causes stated above. (1) (We) (did) (did) view the body ofter death. must accident 23A. SIGNATURE 23 B. DAJE SIGNED ъ Attending Med. Shaff 10 Director L 0 Phys. 0 23C. PHYSICIAN'S 23 D. ADDRESS prior approv 10 An 24A. BURIAL CKEMATION, 24C. NAME of CEMETERY OF CREMATORY eceased LOCATION ar county (State) o the body REMOVAL (Specify) ritten 11/24/69//Immaculate Conception
DEPT. \$\sigma_25\text{Enname On REGISTRAR}\$
25\text{Enname On REGISTRAR}\$ 25A. DATE REC'D BY HEALTH DEPT. SD ADDRESS 3 Funerals. Elkton. VS 1S0-REV. 1/1/68

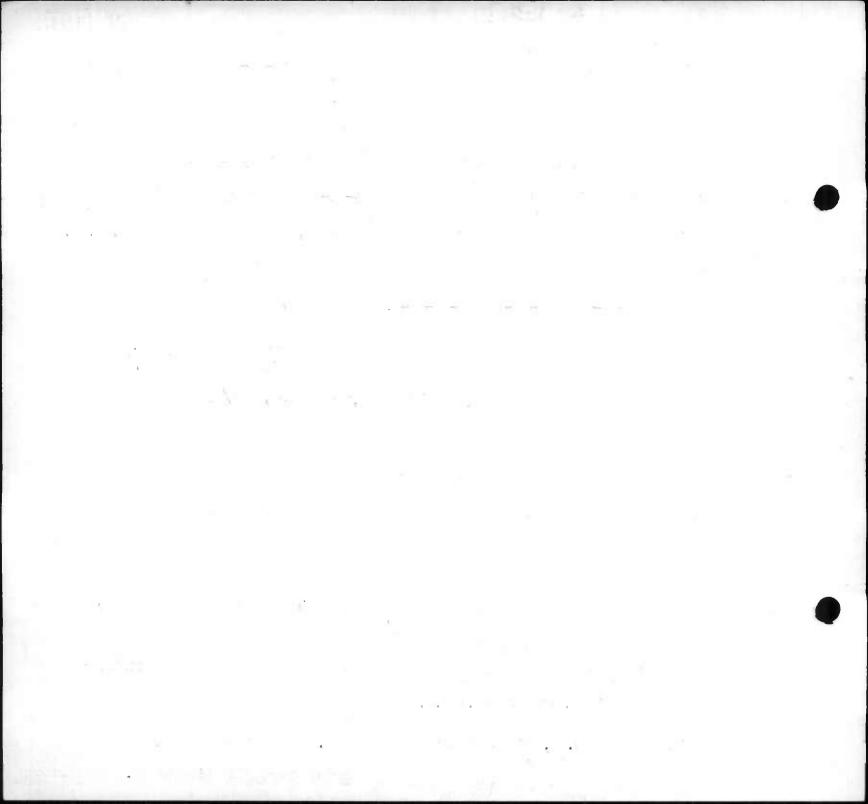


4 + 8 + 4 + 5 + 5 + 5 + 5 + 5 + 5 + 5 + 5 + 5	11 / // 1 - / 1/ 1/ 1/ 1	TE OF DEATH X REG. NO. 69 11911								
S G G	T.NAME OF DECEASED	2. DATE AND HOUR OF DEATH								
of de Dece	MAYHEW, MAUDE ESTELLE	NOVEMBER 29, 1969 1 1:25 A M. 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission)								
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY								
hos Ise (5) anc dec	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND ANNE ARUNDEL 5200								
se; and	ST AGNES HOSPITAL	C. CITY OR TOWN D. INSIDE CITY LIMITS?								
fin a ng caucause; attendior to	I I //I CATON S WILLYENS AVENUES	ANNAPOLIS YES NO X								
	BALTIMORE, MARYLAND 21229	BOX 173, ROUTE #1								
tribut mined gular sed p										
contribute contribute etermined n regular sceased pron is made.	FEMALE WHITE WIDOWED DIVORCED	O4/21/21  9. AGE (In years last birthday)  If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.								
th co	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 1 done during most of working life, even if refired)	1. BIRTHPLACE (State or (oreign country)   12. CITIZEN OF WHAT COUNTRY?								
B - D - T -	HOUSEWIFE	MARYLAND U.S.A.								
77 7 - 10	13. FATHER'S NAME	4. MOTHER'S MAIDEN NAME								
rect (4) L (4) L he ispo	JOHN E BARBER	ROSE WATKINS								
kind; kind; death ce on	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	7. INFORMANT ADDRESS								
<b>になるから</b> に		ST AGNES'S RECORDS CATON & WILKENS AV								
if any ced and are or f	18. CAUSE OF DEATH	APPROXIMATE INTERVAL								
E 0 4 E 6 D	BETWEEN ONSET AND DEATH									
Also, re of noun attermed	LEADING TO DEATH  This does not mean the mode of dving as (A) IMMEDIATE CAUSE	Terminal Carcinomatorio CONSEQUENCE OF: E Cachesia								
ner o ler. A strure pron lar a nbain	IThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.	CONSEQUENCE OF: E Cachesia								
	ANTECEDENT CAUSES									
xaminer. xaminer. ) A fractu who pro n regular	(8) Carein	CONSEQUENCE OF:								
6 X (C) = 0	rise to the above cause (A) stating the	TO HOLD SI,								
ical is; ( cial cial as in	UNDERLING CONDITION lost. (C)									
dib dis X	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
f m me ph ph an	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	**************************************								
by a me 2) Body b re the ph physician forethere	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].  179-ADATE OF OPERATION WAS PERFORMED  21-A-ACCIDENT WAS UNDERLYING [1]	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?								
he ch I by c (2) Bo re th phys fore t	U 21A-ACCIDENT WAS LINDERLYING TO 1218 BLACK OF INTURY (o.g. in a	NO								
	OP CONTRIBUTING CAUSE OF	or obout 21G. WHERE DID (If In Baltimare City, give exact location)  bldg, INJURY OCCUR?								
hospital hospital sature; spt whe (6) No ined be	DEATH (notify medical examines)    Compared the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con	DIE HOW & C. M. W.								
ed in ospitation of the option	II - ITVADENCE I MAINTE L	21F. HOW DED INJURY OCCUR?								
proved the hosen ny nate except and (6 obtaine										
OT ESOS	22. I certify that (1) (this hospital) attended the deceased from NOV									
마수유를 근임 다	that XIII (we) last saw the deceased alive on NOVEMBER 29									
ast be a based to dent of ospital death) must be	and hour and from the causes stated above. (1) (We) (did) (414 hb)) viet									
2005		ing Med. Staff CJ.								
rele acci a h r to val	23C. PHYSICIAN'S Phys.	Med. Director Phys. D. Nov 29 69								
was r An a L at c prior	TCF CULLING VIII									
certificate m sody was relies (1) An acci D.O.A. at a f assed prior to	TSE-SHIUNG WU, M.D. DEGREE S  24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREM.	T AGNES HOSPITAL CATON & WILKENS AVES								
oody S: () D.O ase		to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a sound, to a s								
This cert the body shows: (1 was D.O deceased	BURIAL DEC. 2, 1969 Hillcrest Cemet									
This certif the body shows: (1) was D.O.A deceased written ap	DEC 2 1969 32.50 8 40,000 100 0	Charles Bell Jacob Appoiss Hopping Funeral Home, Annapolis, d								
	VS 150-REV, 1/1/68	Ghopping raneral Home, Annapolis, Md								

ALL BUILD A SERVICE THE LALL AND SHOP AND SOME STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PART Think + mill

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

11)-46	10 69 1	1912	BALTIMORE CITY	HEALTH DEPARTMENT		CO 44040
BIRTH NO.		7070	CERTIFICA	TE OF DEATH	REG. NO	69 11912
I. NAME OF DE	CEASED NALLACE, Frank	Tyler		·	ND HOUR OF DEATH	10:20 A M
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. If in	nstitution: residence before odmission)
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET	Maryland		2802
NOITUTITZNI	Veterans Admir	istratio	on Hospital	Baltimore	0.1143	YES X NO
63 6	3900 Loch Rave			E. STREET AND NUMBER		110
	Baltimore, Mar			2921 Silverhi	11 Avenue	
5. SEX	6. RA CE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male	Caucasian	WIDOWED		3-21-96	10st birthday)	Months Doys Hours Min.
OA. USUAL OC	UPATION (Give kind of work	_		11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY
Carpente:		R	etired	Madison, Mary		U. S. A.
3. FATHER'S NA				14. MOTHER'S MAIDEN NA		
Anthony 1	Wallace			Adele Wolford		
5. Was Decease	d Ever in U. S. Armed For n) (If yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT VA	Hospital Reco	ords Address
Yes	12-15-17 to 3		186-16-83-60	Baltimore, Ma	aryland 2121	3
OTHER SIGN TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE DEAD TO THE	LEADING TO DEATH  not meon the mode of of one of the coused of the coused of the coused of the coused of the coused of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the	dying, e.g., the discose, deoth,) ony, giving stoting the  NTRIBUTING HE TERMINAL T 1 (A), DITION FOR WORMED	PNEUMON (B) DUE TO, OR A5 (C)	SQUAMOUS CELTA CONSEQUENCE OF: MATERIAL LA LINRESOLVED,  A CONSEQUENCE OF:  20A. AUTOPSY? (Yes or N YES To or obout 21 C. WHERE DID fine bidg., INJURY OCCUR?	LUL LUL  So) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED CUSES OF DEATH?
O 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	IIII PY OCCUP?	
S OF INJURY			e At Not While			
(APPROX.)		Worl				
that (M(we and hour of 23A. SIGNAT 23C. PHYSICI NAME (	AN'S Type!  PERRY G. AU	d olive on	November 29 (We) (did) (did)(o) v	iew the body ofter death  nding Med. Director 23D. ADDRESS	Stoff Phys.	23B, DATE SIGNED 11/29/69
REMOVAL	(Specify) 24B. DATE	24C. NA	ME of CEMETERY or CRE	MAIORY .  24D.	LOCATION (C	City, town, or county) (State)
Burial 25A. DATE REC'	Dec. 2,	69 Bal	timore Nation	25C. FUNERAL DIRECTO		ADDRESS
VS 150-REV. 1/1	1000	9 6	900	Loring Byers	8728 Libert	y Rd. Randallstown



Z
4
7
0
4
3
2
0
5
M
2
5
-
7
2
Ш
Z

BALTIMORE CITY HEALTH DEPARTMENT 69 11913 CERTIFICATE OF DEATH cause; (5) Deceased Such death I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH uo **PFTAIIM** hospital /29/69 John A. STATE M. & COUNTY Sacro 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance cause 1406 Avon Ct. 21227 Balto. Md. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET D. INSIDE CITY LIMITS? 9 0 St. Agnes Hospital KXXXXXXXX Arbutus YES T prior contributing E. STREET AND NUMBER Caton & Wilkens Avenues Maryland 21220 1406 Avon_ (4) Undetermined made. regular 9. AGE (In years last birthday) If Under 1 Ya. · MARRIED NEVER MARRIED deceased 11/18/00 06 White Ma.le WID OWED W DIVORCED 10A USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or larging country) death disposition = done during most of working life, even if retired) o Candy Maker Maron Candy Co. Mary land Was 13. FATHER'S NAME the 4. MOTHER'S MAIDEN NAME the direct C. John Pflaum Rosa Μ. Seiglein death 0 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (II) yes, give wor or dotes of service) 17. INFORMANT 6. SOCIAL final SECURITY NO. attendance 216-07-4473 Mr. Henry Lotz, 5536 Gayland Road (3) A fracture of any pronounced CAUSE OF DEATH 0 Penticular TimiMation. DISEASE OR CONDITION DIRECTLY embaimed LEADING TO DEATH (This does not mean the made at dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: examiner. regular injury or complication which caused death.) cute luyacautiof Lugaretion ANTECEDENT CAUSES who (B) DUE TO, OR AS A CONSEQUENCE OF: are DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the SEVD 2 re the physician physician was in the remains UNDERLYING CONDITION last a medical (2) Body burns; Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING MI- 3 WKS ago TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 & PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? where (If in Boltimore City, give exact lacation) to the hospital Ŷ MEDICAL DEATH (notify medical examiner) any nature; 21 D. TIME OF INJURY obtained (Month) (Day) (Yeor) (Hous 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 (except Not While While At (APPROX) At Work and 22. I certify that (I) (this haspital) attended the deceased from Claur that (i) (we) last saw the deceased alive an Mar 29 death); and that in(my) (aur) apinion death accurred on the date must be of hospital the body was released and have and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. accident 23A. SIGNATURE 23B DATE SIGNED Attending Med. Director written approval 8 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior at HLESAN DRU D.O.A. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 24C. NAME OF CEMETERY OF CREMATORY deceased 24D. LOCATION (City, town, or county) shows: 12-3-1969 Baltimore, Maryland Burial Baltimore National Cemetery Was 258 NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave. 21229

pm

NO

12 CITIZEN OF WHAT COUNTRY?

U.S.A.

ADDRESS

Il Under 24 Hrs.

21227

(State)

a north to a secure bellen for 

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

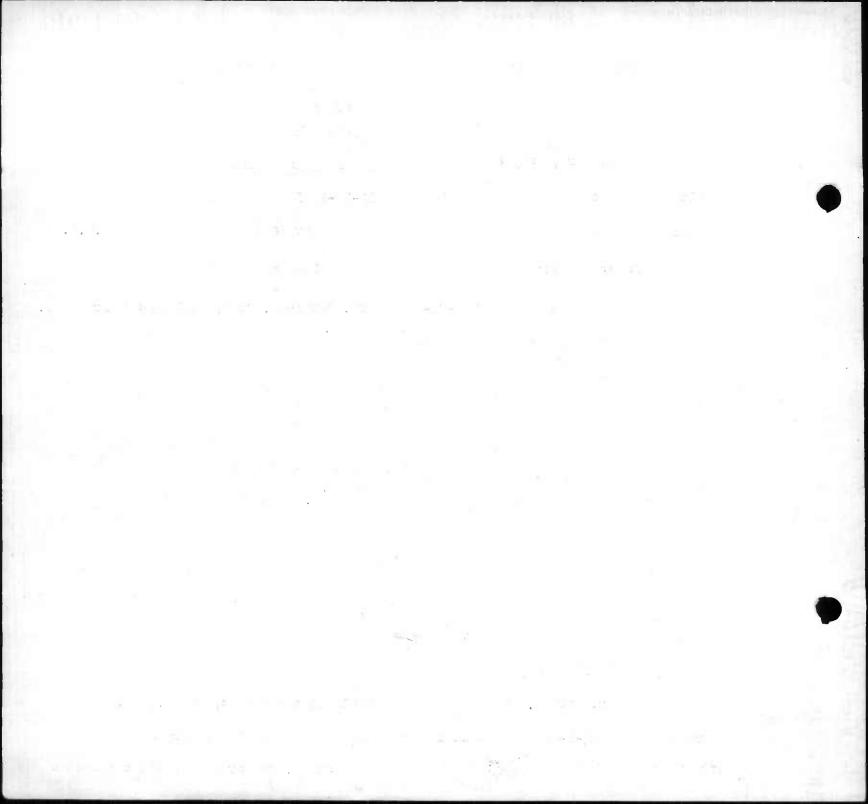
BIR	E-523		119:	14	BALTIMORE CITY				X REG. NO	68	3 1191	4
	AME OF DECEASED		HTER	JR.,	FREDERI	CK HE	NRY N	OV E	MBER 29,	1969	1 11:	40A M
3. 1	PLACE IN BALTIMO								deceased lived. If			admission)
FU HO INS	LL NAME OF CONTROL OF CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OR	ST. AGN					YLAND		LTLMORE.		21:	227
1	11)	CATON &				BXX x	LXXXXXX	Arl		YES [		530
					AND 2122	E. STREE	5 CIR	BER				
5. S				-	VER MARRIED	8. DATE C	_	9	AGE (In years	II Und	or 1 Yr. If Une	der 24 Hrs.
	USUAL OCCUPATION	TE	WIDOW		DIVORCED _		8 96		73			
done	during most of working	life, even if retired)	JIUE KIND	Or BUSIF	4E22 OK INDUSTRY		LA CE (Stote	or foreig	in country)		ZEN OF WHAT	COUNTRY?
13.	NGINEER FATHER'S NAME H		RAII	ROAD	B & O	MARY				0.	S.A.	
F	REDERICK	EINWAEC		, SR.			A (RUHI		NE .			
T5. V (Yes	Vas Deceased Ever i ,no or unknown) (If ye	n U. S. Anned For s, give wor ar dote	ces? s of servic	e) 1 6. SC	CURITY NO.	17. INFOR	MANT	AVES	. BALTO.	.MD .	ADDRESS 2	1229
	NO	0				ST.	AGNES	HOS	P RECORD	S-CAT	ON & WI	LKENS
		CONDITION DI	RECTLY		CAUSE OF DEAT	• •	sie	5	hock	-	APPROXIMATE BETWEEN ONSET	
	(This does not me	an the mode of	dying, e	•g.,	(A) IMMEDIATE CAL	JSE					***********	
	heart failure, asther	nia, elc. Il means	the disea	se,					9 /	\		
	ANTEC	EDENT CAUSES						(1	osteur	/	}	
	DISEASES OR CO	ONDITIONS, II	any, givi	ing	DUE TO, OR AS	A CONSEC	UENCE OF:				*************	
	rise to the abo UNDERLYING CON	ve cause (A) NDITION last.	slaling !	lhe	(c) A. S	.CU.	D					
		- 11										
	OTHER SIGNIFICANT TO THE DEATH BUT	NOT RELATED TO TO	HE TERMINA	G AL								
	DISEASE OR CONDITI	ATION 198 CON WAS PERI	DITION FO	R WHICH	OPERATION	20 A. A.	TOPSY? (Yes	or No)	208, IF YES, WERE IN CERTIFYING CA	FINDINGS AUSES OF	CONSIDERED DEATH?	
الحا	21A. ACCIDENT WA OR CONTRIBUTING DEATH (natify madic	S UNDERLYING CAUSE OF		21 B. PLACE name, farm	OF INJURY (e.g., i , factory, street, of	n or obout 2 lice bldg., 11	IC. WHERE I	DID UR?	(If In Boltimo	ore City, glv	e exect location)	
o :	21D-TIME (Mont	h) (Doy) (Yeoi)	(Haur) 2	IE INJUI	Y OCCURRED	2	IF. HOW DI	D INJU	RY OCCUR?			
¥.	OF INJURY (APPROX.)			While At [	Not While							
	22. I certify that (	t) (this hospital	) attende	d the dec	eased from NO	OVEMB	ER 27	19	69 to NOV	EMRER	29 1	69
	that (){ (we) last s								In (my) (our) ap		-	8-0
	and have and from	the causes stat	ed above	(Y) (We)	(did) (d)d/h//) v	lew the bo						
1	3A. SIGNATURE	-	/	-	1.0					23B, DA1	E SIGNED	
	V V	enclso L	rect	10	DEGREE Phys		Med. Director	S P	hys.	11	29 69	
	NAME (Type)		110	_		23D. ADDRE	SS			-		
244	PLE SAN		10/	E/117	DEGREE	OF 1	+92105	- 14	osp. Cart	001466	relans 1	HUES
1	KEMOVAL (Spacify)				CEMETERY of CRE		2	4D. LO	CATION (C	ily, town, o	or county)	(Stote)
	rial	12-2-19	69 Lo	udon ]	Park Cemet				timore, Ma	ryland		
E	2 1969	A POER C	S COM	PARTIE CI	O		and H		ba <b>r</b> d, 4107	Wilke	ens Ave.	21229

PSSI: .eve engile .... ... ...

1		69 1	191	5 BALTIMORE CIT	TY HEALT	H DEPAR	TMENT				
C-62 BIRTH NO.	.5	MED	ICAL	EXAMINER	'S CE	RTIFIC	CATE	OF DEAT	H REG. NO	69	11915
I. NAME OF DE	CEASED	Ε.			12.	DATE	Known [	Month	Day	Yeo	r Hnur
(Type or Print)	MICHAE		CKEN			OF	Estimoted		Day	160	r mur
4. PLACE IN BA			VHERE PRO	ONOUNCED DEAD		DATE	-	Month	Day	Yeo	M. Hour
FULL NAME OF	(IF NO		L OR INST	TUTION, GIVE STREET		PRONOL	NCED DEAD	Novembe			0 10 1
OR INSTITUTION	ADDKE	:55 OR LOCA	IION)		5.	USUAL RE	SIDENCE (V				8:40 A M
600 Lu	icia Ave	nue (	(DOA)			STATE			B. COUNTY	9	5 W1
6. SEX	7. RACE			ED NEVER MARRIE	- KIIC	CITY OR	laryland	1	D. INSIDE	TITY LIMIT	52
Male	Whit	-0									
9. DATE OF BIRT		110. AGE (In	WIDOW	ED DIVORCE # Under 1 Yr, It Under 2			timore	0		YES	NO L
		lost birthdo		Months Doys Hours	Min.						
May 31,	1947			2. CITIZEN OF		FATHER'	ucia A	Jenue			
III. BIRTHFEACE	'Stole or loteig	in country)		WHAT COUNTRY?	13.	FAIMER	NAME				
Marylan	d	1. 1. ( )	140 141 100	U.S.A.		F	rancis	C. Crock	en		
dane during most of	working life, ev	en Ifretired)	146. KIND	OF BUSINESS OR IND	USTRY 15.	MOTHER	S MAIDEN	NAME			
Commerci	al Sign	Artis	t Hoc	hschild Kohr				. Smith			
16. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO	18.	INFORM	ANT			ADDRESS	
No			4	218-46-86	551 M	r. Fr	ancis (	. Crocke	n. 600	Lucia	a Ave. 21229
19. 30	4.1			CAUSE OF							APPROXIMATE INTERVAL
DISEAS	SE OR COND	ITION DIREC	CTIV	Brond	chonna	umoni	2 0000	licatina	1		
	LEADING TO						a comp.	Licating	intrav	enous	narcotism
(This does i	not mean the	mode of dyl	ing, e.g.,	DUE TO	DIATE CAUS D, OR AS A	CONSEQU	JENCE OF:				
	mplication which		oth.)								
	OR CONDITION		GIVING	(8)	OPASA	CONSEC	UENCE OF:				
RISE TO TH	OR CONDITION	USE (A) STAT	ING THE	501 10	, OR A3 A	CONSEG	DENCE OF:			30.7	
Z	NG CONDITI	ON LASI.		(c)							
Ĕ		II									
OTHER SIGN TO THE DE DISEASE OF	ATH BUT NOT	RELATED TO	ONTRIBUTI THE TERMIN	NG NAL							
DISEASE OF	CONDITION			***********	***************************************						
E ZUA. DATE O	F OPERATION	1 208. CON	IDITION F	OR WHICH OPERATIO	N WAS P	ERFORM	D		3	21. AU	TOPSY? (Yes ar No)
7 8			-1-1							,	ves
O HAIDEDIVING	NAL CAUSE		2 h	28. PLACE OF INJURY ome, form, foctory, stree	(e.g., in or t, office bld	g., eic.) iN	C. WHERE D	ID (If in Baltimor	e City, give ex	oct locatio	n)
	USE OF DEA										
OF INJURY (APPROX.)	(Monih) (D	oy) (Year		WHILE AT WORK	NOT WHIL	LE	F. HOW DID	INJURY OCCU	JR?		
23.				III WORK	AT WORK						
	tify that I he		-		Autops		and that a	n this basis,	death in my	opinion	
resul	ted from: N	atyral caus	ses X	Accident S	uicide	Hoi	nicide 🗌	Undetermin	ned monner		
107111	/	/	121	1/18		C	HIEF MEDIC	AL EXAMINER			DATE COLUMN
ACTUAL		wy	M	land	M.D.	ASSIS	TANT MEDIC	AL EXAMINER	$\mathbf{x}$		DATE SIGNED
EXAMIN NAME (	IFP'	nald N	. Korı	nblum,M.D.		ASSO	CIATE MEDIC	AL EXAMINER		11/	30/69
24A. 8URIAL CRE REMOVAL (Spec	MATION, 2	48. DATE		24C. NAME of CEME	TERY or C	REMATO	RY 2	4D. LOCATION	(City, tow	n, or coun	ty) (State)
Buria1		12-2-1	.969	Loudon Parl	c Ceme	terv	15.4	Baltimo	re. Mar	vland	
25A. DATE REC'D	BY HEALTH	DEPT.	258. NA	ME OF REGISTRAR	Cilic		UNERAL DIRI			ADDRESS	
DECO	men a										ens Ave. 212
VS 151-REV, 1/1/6	8	Book E.	No della	7.66		1100	ald II.	Mannara	, 4107	MITK	CHO 11VE. 211

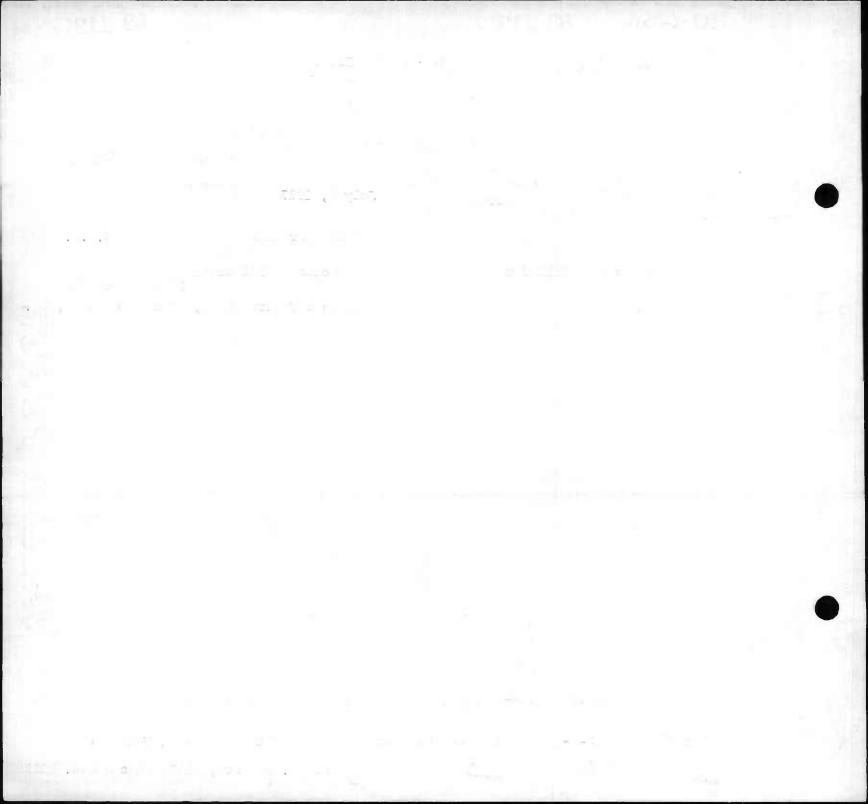
Vo 177 from Dr. ornblum

(Type or Print)	P ICKRON	SMITH			November	30, 19		м
FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPIT ADDRESS OR LOCA		ITION, GIVE STREET	Mary land	CE (Where deceased B. COUNTY		2854	odmission)
INSTITUTION		nd Road		Baltimore		YE	ES NO	]
00	Baltimore,	Maryland	1	4405 Dun1a	and Road			
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In	yeors If	f Under 1 Yr. If Ur Nonths Doys Hours	der 24 Hrs. Min.
Male	White	WIDOWED		12-29-1885	83			
done during most	CUPATION (Give kind of work  bl working life, even il retired)  Builder	108, KIND OF	BUSINESS OR INDUSTRY		yland	1	U.S.A	
13. FATHER'S N	AME	1.		14. MOTHER'S MAIL				
	James Smit	h		Pen:	inah			
15. Wos Deceos	ed Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT			ADDRESS	21229
	vn) (If yes, give wor or dote	es of service)	SECURITY NO.	Man Caral	. U. Cart	1.602 0-	don Condo	
No	5		216-01-6004 CAUSE OF DEAT	Mrs. Gordon	n W. Gent,	4602 Ge	ar Garden	
heart failure	nal mean the made of e, asthenia, etc. It means	the disease,	(A) IMMEDIATE CAL DUE TO, OR AS	A CONSEQUENCE OF:				
DISEASES rise la	amplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION lost.	any, giving	(B)	A CONSEQUENCE O				
DISEASES rise to UNDERLYII  O THER SIGN TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE DE TO THE	ANTECEDENT CAUSES OR CONDITIONS, if	any, giving slaling the NTRIBUTING HE TERMINAL RT 1 (A).	(c)Su	uzhys	ema		DINGS CONSIDERED	
DISEASES rise la UNDERLYII  OTHER SIGN TO THE DE DISEASE OR 19 A. DATE ( OR CONTRI DEATH (not	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION lost,  II IIIFICANT CONDITIONS CO ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAR DE OPERATION 1198. CON	any, giving slating the STRIBUTING HE TERMINAL TO I (A). HOTHON FOR WE	VHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, o	20 A. AUTOPSY? (Y	es or No) 20B. IF Y	ES, WERE FINI FYING CAUSE	3	
DISEASES rise to UN DERLYII  OTHER SIGN TO THE DE DISEASE OR 19A. DATE O OR CONTRI DEATH (not) 21D. TIME	ANTECEDENT CAUSES  OR CONDITIONS, if ithe abave cause (A) NG CONDITION lost.  II IIIFICANT CONDITIONS CO ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAR DF OPERATION 1988. CON WAS PER	any, giving slating the statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the ter	VHICH OPERATION  PLACE OF INJURY (e.g., oe, form, foctory, street, o	20 A. AUTOPSY? (Y in or about 21 C. WHER office bldg., INJURY OC	es or No) 20B. IF Y	ES, WERE FINI FYING CAUSE in Boltimare C	DINGS CONSIDERED	
DISEASES rise la UNDERLYII  OTHER SIGN TO THE DE DISEASE OR 19 A. DATE ( OR CONTRI DEATH (not)	ANTECEDENT CAUSES  OR CONDITIONS, if the abave cause (A) NG CONDITION lost.  II IIIIIIONS CONDITION S CONDITION GIVEN IN PAR OF OPERATION 198. CONWAS PER  ENT WAS UNDERLYING BUTING CAUSE OF If medical exemined	any, giving slating the statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the terminal statement of the ter	VHICH OPERATION  PLACE OF INJURY (e.g., on foctory, street, on the foctory injury occurred)  INJURY OCCURRED  IN Not While	20 A. AUTOPSY? (Y in or about 21 C. WHER ffice bldg., INJURY OC	es or No) 20B. IF Y IN CERTI E DID (If	ES, WERE FINI FYING CAUSE in Boltimare C	DINGS CONSIDERED	
DISEASES rise la UNDERLYII  OTHER SIGN TO THE DE DISEASE OR 19 A. DATE ( OR CONTRI DEATH (not DEATH (not DEATH (not)  21 D. TIME OF INJURY (APPROX.)	ANTECEDENT CAUSES  OR CONDITIONS, if the abave cause (A) NG CONDITION lost.  II IIIIIIONS CONDITION S CONDITION GIVEN IN PAR OF OPERATION 198. CONWAS PER  ENT WAS UNDERLYING BUTING CAUSE OF If medical exemined	any, giving slating the stating the stating the stating the stating that the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating term of the stating t	VHICH OPERATION  PLACE OF INJURY (e.g., e., form, foctory, street, o	20 A. AUTOPSY? (Y in or about 21 C. WHER ffice bldg., INJURY OC	es or No) 20B. IF Y IN CERTI E DID (If	ES, WERE FINI FYING CAUSE in Boltimare C	DINGS CONSIDERED	
DISEASES rise la UNDERLYII  OTHER SIGN TO THE DE DISEASE OR 19 A. DATE ( OR CONTRI DEATH (not)  OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION lost.  II IIIIIIONS CONDITION S CONDITION GIVEN IN PAR OF OPERATION 198. CONWAS PER  ENT WAS UNDERLYING BUTING CAUSE OF If wedical exeminal  (Month) (Doy) (Year)	any, giving slating the STRIBUTING HE TERMINAL RT 1 (A).  STRIBUTING HE TERMINAL RT 1 (A).  STRIBUTING HE TERMINAL RT 1 (A).  Whill World He World HE TERMINAL RT 1 (A).	VHICH OPERATION  PLACE OF INJURY (e.g., e., form, foctory, street, o	20 A. AUTOPSY? (Y in or about 21 C. WHER office bldg., INJURY OC	es or No) 20B. IF Y IN CERTI E DID (If CUR? (If	ES, WERE FINI FYING CAUSE in Boltimare C	DINGS CONSIDERED	1969
DISEASES rise Io UNDERLYII  OUNDERLYII  OU	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION lost.  II IIIFICANT CONDITIONS CO ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAR OF OPERATION 198. CON ENT WAS UNDERLYING BUTING CAUSE OF If medical exemined (Month) (Doy) (Year)  Ty that (I) (this hospital e) lost sow the decease and from the couses stored	any, giving slating the STRIBUTING HE TERMINAL IT (A).  IDITION FOR WE HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME ST	VHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, or injury occurred has been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also been also	20 A. AUTOPSY? (Y in or about 21 C. WHER office bldg., INJURY OC	es or No) 20B, IF Y IN CERTI E DID (If CUR? (If	es, WERE FINI FYING CAUSE in Boltimare C	DINGS CONSIDERED STORE DEATH?  Sity, give exact location  an deoth occurred	1969
DISEASES rise to UNDERLYII  OTHER SIGN TO THE DE DISEASE OR 19A. DATE (CONTRI OF CONTRI DEATH (not 21D. TIME OF INJURY (APPROX.)  22. 1 certi thot (1) (wond hour of 23A. SIGNA	ANTECEDENT CAUSES  OR CONDITIONS, if the abave cause (A) NG CONDITION lost.  II DIFFICANT CONDITIONS CONTROL TO THE PROPERTY OF PERATION 19 P. CONTROL TO THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE	any, giving slating the STRIBUTING HE TERMINAL IT (A).  IDITION FOR WE HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME STRING HOME ST	VHICH OPERATION  PLACE OF INJURY (e.g., or or or or or or or or or or or or or	20 A. AUTOPSY? (Y in or about 21 C. WHER iffice bldg., INJURY OC 21 F. HOW le 21 F. HOW le 4 C. 19 wiew the body ofter ending Med. Directe	es or No) 20B. IF Y IN CERTI E DID (If CUR? (If ond that in my) death.	es, WERE FINI FYING CAUSE in Boltimare C	DINGS CONSIDERED SS OF DEATH?  City, give exact lacation	1969
DISEASES rise Io UNDERLYII  OTHER SIGN TO THE DE DISEASE OR 19A. DATE OR CONTRI DEATH (not OR CONTRI DEATH (not OF INJURY (APPROX.)  22. 1 certi thot (1) (wond hour or 23A. SIGNA  23C. PHYSIC NAME	ANTECEDENT CAUSES OR CONDITIONS, if ihe above cause (A) NG CONDITION lost.  II IIIFICANT CONDITIONS CO ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAR OF OPERATION 198. CON ENT WAS UNDERLYING BUTING CAUSE OF ify medical exeminal  (Month) (Doy) (Year)  Ty that (I) (this hospital e) lost sow the decease and from the couses stor TURE  LAN'S (Type)  Dr. Earl	any, giving slating the stating term of the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating term of the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating term of the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the stating the statin	VHICH OPERATION  PLACE OF INJURY (e.g., oe, form, foctory, street, oe, foctory, street, oe, foctory, s	20A. AUTOPSY? (Y in or about 21C. WHER effice bldg., INJURY OC  21F. HOW  Wilke  4001 Wilke	es or No) 208, IF Y IN CERTI E DID (If CUR? (If CUR? (If ond that in my)) deoth.	ES, WERE FINIFYING CAUSE in Boltimare C  R?  (oer) opinio	DINGS CONSIDERED STATES OF DEATH?  Sity, give exact location on deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred of the deoth occurred occurred of the deoth occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred o	1969
DISEASES rise Io UNDERLYII  NO THER SIGN TO THE DE DISEASE OR 19A. DATE OR CONTRI DEATH (not OR CONTRI DEATH (not OF INJURY (APPROX.)  22. 1 certi thot (1) (wond hour or 23A. SIGNA  23C. PHYSIC NAME	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION lost,  II IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving slating the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state o	VHICH OPERATION  PLACE OF INJURY (e.g., e. form, foctory, street, or injury occurred has been been been been been been been bee	20A. AUTOPSY? (Y in or about 21C. WHER effice bldg., INJURY OC 21F. HOW le 21F. HOW le Med. Directe 23D. ADDRESS 4001 Wilke	es or No) 208. IF Y IN CERTI E DID (If CUR? (If DID INJURY OCCU  195 4  ond that in my) death.	ES, WERE FINITE CAUSE in Boltimare Control R? (our) opinio	DINGS CONSIDERED SOFT DEATH?  Sity, give exact lacation on death occurred of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st	1969

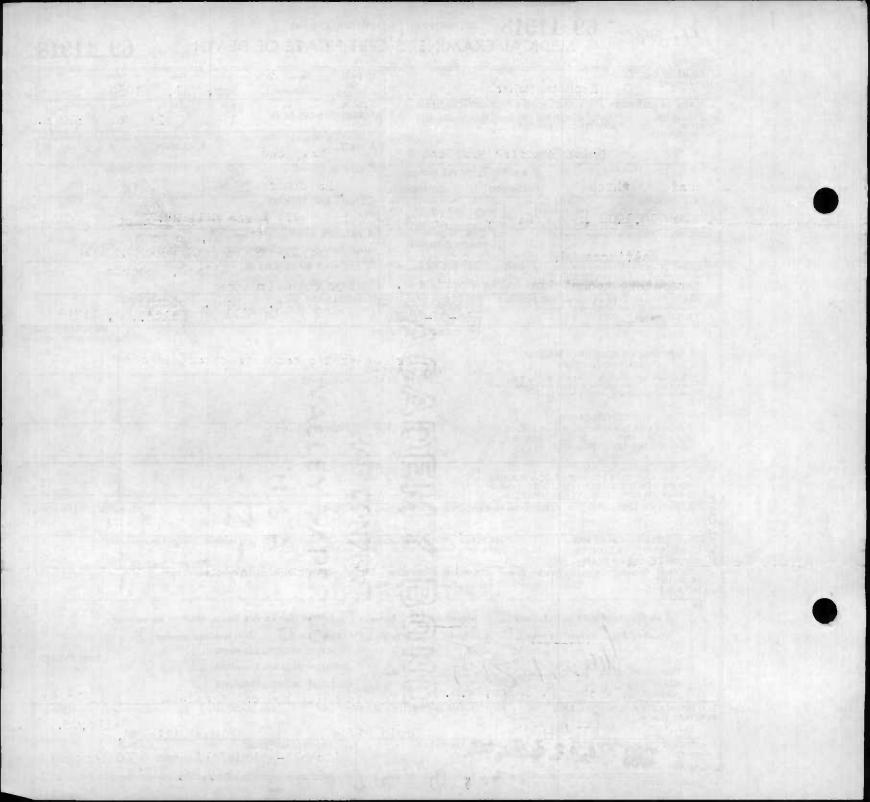


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

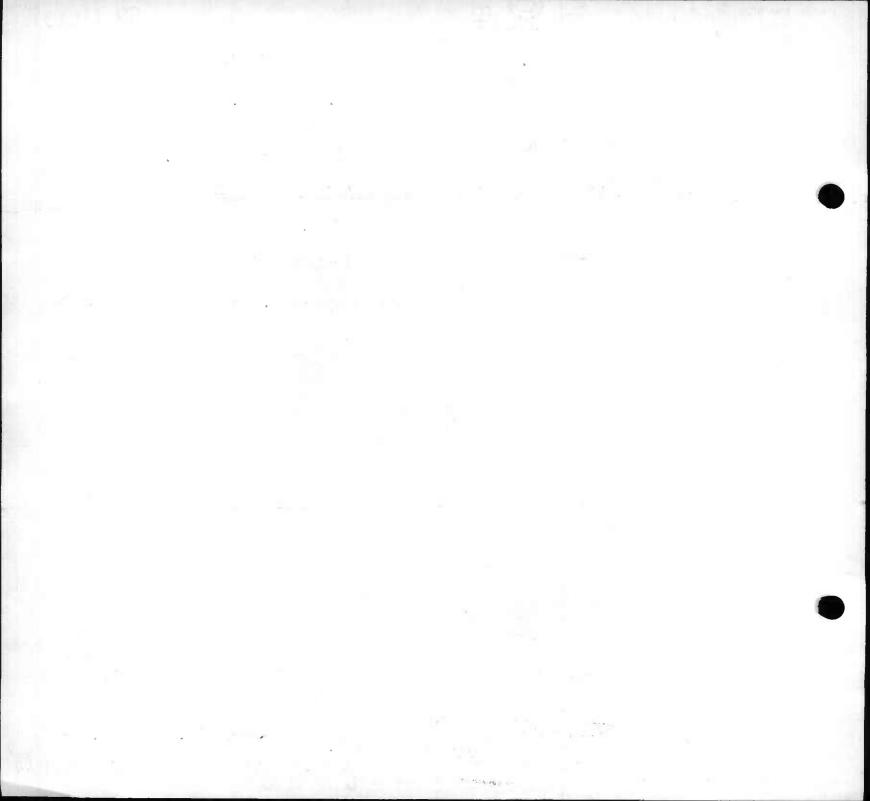
	W-656 69 119	1417	HEALTH DEPARTMENT	Registered Na.	69 11917			
	M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  WAARRINER	- MAVIS	2. DATE ANI	D HOUR OF DEATH	12.46am.			
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where		ution: residence before odmission)			
	FULL NAME OF (If not in hospital or institution oddress or location) INSTITUTION		1	side city limits, write RUF	RAL ond give township)			
ó	MARY LAND CHENER	AL HOSPITA	STREET ADDRESS (IF )	urol, give location) N. Eu to	aw St,			
s mad	Wido Man	wed, DIVORCED (specify)	July 8, 1917 9	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.			
u o	10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?			
oi tie	13. FATHER'S NAME		North Carolina		U.S.A.			
dispositi								
	Douglas Williford	1 6. SOCIAL	Celia Pi	ilkerton 3795	BonneyeRoad			
na	(Yes, no or unknown) (III yes, give wor or dates of service	se) SECURITY NO.	Simiele Funera		ginia Beach, Va.			
or fi	18. Z/ 22 s	CAUSE OF	DEATH	· · · · · · · · · · · · · · · · · · ·	INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY	T.	Lanthon	1 Hewn	extensing			
E	LEADING TO DEATH (This does not mean the made of dying, or		Fracereor		4.07.0			
embalmed	heart lailure, asthenia, etc. It means the disectiniury or camplication which caused death.)	ise,	up fred	chnois	et Clusing			
	ANTECEDENT CAUSES	(B) DUE TO	ay ruces	berry	theursm			
are	DISEASES OR CONDITIONS, if any, giverise to the above couse (A) stoting			ŧ				
ins	UNDERLYING CONDITION lost.	000000000000000000000000000000000000000		-				
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBU TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.							
e the		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
before	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)		(If in Boltimore C	City, give exact location)			
ained	21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?				
ā	(APPROX.)	Work Not While	4		1 0 10			
obt		22. I certify that (I) (this hospital) attended the deceased fram 1 19 09 to 11 29 19 to that (I) (we) last saw the deceased alive an 11 19 19 ond that in (my) (our) apinian death accurred an the date						
pe	that (I) (we) last saw the deceased alive of			at in(my) (our) apinio	on death accurred an the date			
must	and hour and fram the causes stated above 23A. TIGNATURE	). (I) (#e) (did) (did nat) v	lew the bady after death.	2	3B. DATE, SIGNED			
	Lang's we, A	M.D. Atte	mding Med.	Staff Phys.	11/29/69			
approval	23C. PHYSICIAN'S NAME (Type) EN RIOME. ALE	JAMARO M.D.	23D. ADDRESS MANLY LA	ND GER	1. HOSPITAL			
	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	NAME OF CEMETERY OF CRE	MATORY 24D. LC	OCATION (City.	town, or county) (State)			
en		Rosewood Cemeter	y Vir	ginia Beach,	Virginia			
written	25A. DATE REC'D BY HEALTH DEPT. 258- NAN	AE-OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS			
5	VS 150-REV. 1/1/65	000	grower a. Hui	JDAFG, 410/ W	Vilkens Ave. 21229			



M-29	15 69	11918	BALTI	MORE CITY HE							
DIRTU NIC	M	EDICA	LEXAN	MINER'S	CERTIFIE	CATE OF	DEATH	REG. NO.	69	119	8
I. NAME OF DEC											
(Type or Print)		th McL	ean		OF	Known 🖰	Month	Doy	Yeor	Hour	
4. PLACE IN BAL	TIMORE, MARYLANI			D DEAD	DEATH 3. DATE	Estimoted	Nov.	21, Doy	1969 Yeor	Hour	М.
FULL NAME OF	(IF NOT IN HO				PRONO	JNCED DEAD	11	21	69	4:30	a. _{M.}
OR INSTITUTION					5. USUAL R	SIDENCE (Where		ed, Il institution	: residence	belore odmis	ssion)
44			al Hosp			Maryland		. COUNTY		901	
6. SEX	7. RACE	B. MAR	RIED 🔼 NEV	ER MARRIED	C. CITY OR			D. INSIDE CI	TY LIMITS?		
male	white		WED []	DIVORCED -		altimore		YI	ES 🗵	NO 🗌	112.0
9. DATE OF BIRTI	lost bir		Months Doy	r. Il Under 24 Hrs.	E. STREET	ND NUMBER					1 1
May 10		61					rth Hil				
III. BIRTHPLACE (S	tote or loreign countr	γ)	12. CITIZEN	OUNTRY?	13. FATHER			Mc Les			
Ba	Atimore Md	11140 9/1019			MASORXO					CARE	
done during most of w	PATION (Give kind of vorking life, even ifreting	ed)					والمالات	a D. Ro	berts		
	ory technic		nns Hop	cial 4498	XXX	CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
(Yes, no or unknown)	(Il yes, give wor or de	sies of service	)   SE	CURITY NO.	INFORM	ANT Mrs. R 71 North B	uth T.			21210	
yes		or office	K10-	CAUSE OF DEA	7	- 1101 011 1	TILL IN	Balto		21.21.8	ITERVA!
7-10	4 9			CAUSE OF DEA	In					VEEN ONSET A	
	E OR CONDITION D LEADING TO DEATH			Arterio	sclerot	ic cardio	vascula	ar dise	ase		
(This does no	of mean the made o	dvina. e.a		(A)IMMEDIATE C							
heort loilure,	osthenio, etc. It mean aplication which coused	s the diseose.		DOL 10, OK 2	S A CONSEQ	DENCE OF:					
	NTECEDENT CAUSES OR CONDITIONS, IF			DUE TO, OR	AS A CONSEC	UENCE OF:					
UNDERIVIN	OR CONDITIONS, IF ABOVE CAUSE (A) IG CONDITION LAS	STATING THE									
NO	o combinent ta	71.		(c)							
U TO THE DEA	II IFICANT CONDITION: ATH BUT NOT RELATED CONDITION CIVEN	TO THE TERM	INAL								
20A. DATE OF	OPERATION 208.			OPERATION W	S DEDECTO	SD.			IOI AUTO	DCVA (V	- 14 -
0			. D.S. THINGE	C. ERMION W	- I ERFORM				no	PSY? (Yes o	( 140)
Z 22A. EXTERN	NAL CAUSE WAS		22B.PLACE	OF INJURY(e.g.	In or phout 2:	C. WHERE DID (	II In Boltimore	Clly glys ava			
UNDERLYING	OR CONTRIB-		home, lorm, l	octory, street, office	bldg., etc.) In	IJURY OCCUR?	, in sommore	City, Blvd axo	ci ioculion)		
≥ 22D. TIME (	Month) (Doy) (	Yeor) (Hou	r) 22E.INJU	RY OCCURRED	2	F. HOW DID INJ	URY OCCUP	17			
OF INJURY (APPROX.)			WHILE AT	TON	WHILE		5000				
23.				W TA U							
1 certi	fy that I held an	Inquiry [	Inspe	ction X Aut	op sy	and that on th	is basis, d	eath In my	opinian		
	ed frant Natural		Accident		_			d manner	-		
4.07114	1100		X		C	HIEF MEDICAL EX	_				
SIGNATU	IRE WUSN	1	nen	M,D	ASSIS	TANT MEDICAL EX	KAMINER [			DATE SIGN	IED
EXAMINE	R'S	II C-	17	-		CIATE MEDICAL EX	CAMINER [				
NAME (T	ype) Werner				Duty Ch	ief Medic	al Exam	niner		11/21/6	
REMOVAL (Specif	y)		24C. NAM	E of CEMETERY	or CREMATO	24D. L	OCATION	(City, town		_	
Burial	11/2				Ridge			. Ville	xd.	to.Co.	, Md.
25A, DATE REC'D	THEATH DEPT	A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR	AANTOF REC		25C. F	chell-W i	R edefelo	d Home		Tork Ro	1
VS 151-REV. 1/1/68		1 9	6 9	0 nn	7 0	77 71	alto.,	Md. 212	12		
				6 14	0 .	-					V



1		11919		TE OF DEATH	REG. NO	69 11919
1. N	H NO.  AME OF DECEASED  o or Print)  Frank	P. McE	llwee	2. DATE	AND HOUR OF DEATH	1
3. P	LACE IN BALTIMORE, MARYLAND, WI					stitution: residence before admission)
HO	L NAME OF SPITAL OR ADDRESS OR LOCAL INTUITION 6000 Bellon		ITION, GIVE STREET	C. CITY OR TOWN Baltimore E. STREET AND NUMBER		DE CITY LIMITS? YES A. NO
5. S	EX 6. RACE	7	Francisco III III III III III III III III III I	B. DATE OF BIRTH	inghaus Rd.	If Under 1 Yr., It Under 24 Hrs.
	Male White	WIDOWED [		4/4/1908	last b61	Manths Days Haurs Min.
	USUAL OCCUPATION (Give kind at wark during mast at warking life, even it retired) Carpenter	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	areign cauntry)	USA
13. [	Frank McElwe	e		14. MOTHER'S MAIDEN N Margaret	IAME	
(Yes	Nas Deceased Ever in U. S. Armed Farc ,na arunknawn) (It yes, give war ar dates	es? at service)	16. SOCIAL SECURITY NO. 220 09 8927	17. INFORMANT Margaret E	. McElwee 7	O2 Benninghaus I
rion	DISEASE OR CONDITION DIR  LEADING TO DEATH  (This daes not mean the made of heart failure, asthenia, etc. II means injury ar camplication which caused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course	dying, e.g., the disease, death.)  any, giving slating the	(B) B	A CONSEQUENCE OF:  A CONSEQUENCE OF:	nutritus Lavrin	one 248
CERTIFICATION	19 A. DATE OF OPERATION 198. CONI WAS PERF	DITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes ar	No. 208. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. ham etc.)	e, tarm, factory, street, at	n ar abaut 21C. WHERE DIC fice bldg., INJURY OCCUR	(If in Baltimare	e City, give exact lacation)
MEDI	21D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.)		INJURY OCCURRED  Ile At Not While At Work		INJURY OCCUR?	
	22. I certify that (I) (this hospite) that (I) (we) last saw the decease and hour and from the causes stat	d alive on	nor my			nion death accurred an the date
	23A. SIGNATURE 23C. PHYSICIAN'S	m	Atte Phy	ending Med.	S toff Phys.	23B. DATE SIGNED
244	NAME (Type)  HARLES E  BURIAL CREMATION, 1248, DATE	ARR.	DEGREE OF CENTER OF CO	3900 h.	CHAS, ST.	ty, town, or county) (State)
-	REMOVAL (Specify)  171 a1 248. DATE  11/29/	69 24 Dr	uid Ridge	P	ikesville	Balto.Co.Md.
	DATE REC'D BY HEALTH DEBT	25 57 NAME C	STRAN	Mitchell V		ome 6500 York Ra

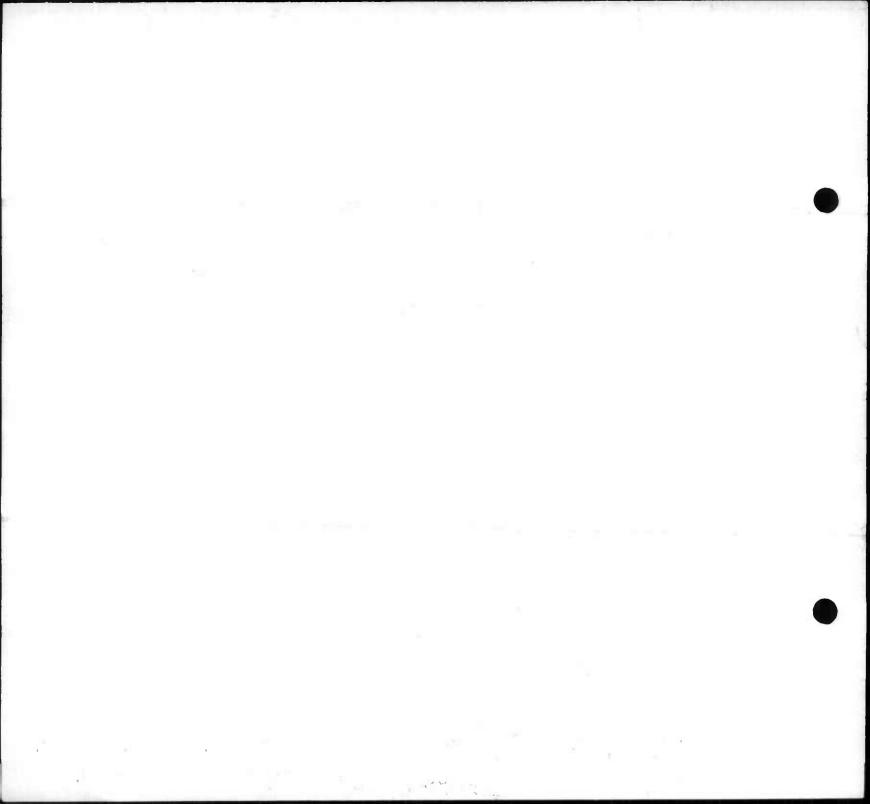


### IMPORTANT FUNERAL DIRECTOR:

þ

This certificate

BALTIMORE CITY HEALTH DEPARTMENT 69 11920 69 11920 CERTIFICATE OF DEATH the rif death occurred in a hospital and rect or contributing cause of death (4) Undetermined cause; (5) Deceased Such 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 0 (Type or Print) NOVEMBER 26,1 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before A. STATE B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance FULL NAME OF HOSPITAL OR INSTITUTION MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN attend MEMORIAL HOSPITAL DALTIMORE YES 🖹 NO T prior E. STREET AND NUMBER 4313 MAINFIELD regular is made. 5. SEX 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Il Under 24 Hisa 7. MARRIED NEVER MARRIED deceased DIVORCED AUG. 25,1 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Ξ. disposition done during most of working life, even il retired) MARYLAND 4.5.4 Homemaker Was 13. FATHER'S NAME the direct 4. MOTHER'S MAIDEN NAME Riepe UNKNOWN UNKNOWN Mary M death 0 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give war or dates of service) 6. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 1714 WYCLIFFE attendance 213 48 3712 MELVIN BLUM any CAUSE OF DEATH pronounced APPROXIMATE INTERVAL 0 BETWEEN ONSET AND DEATH Also, DISEASE OR CONDITION DIRECTLY of embaimed LEADING TO DEATH GENERALIZED ARJERIO-(A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart lailure, asthenia, etc. It means the disease, regular SCLEROTIC CARDIO-VASCULAR DISEASE injury or camplication which caused death.) ANTECEDENT CAUSES 040 who (B) DUE TO, OR AS A CONSEQUENCE OF: are 4 DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the PNEUMONITIS physician the remains UNDERLYING CONDITION last. (2) Body burns; physician was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DIVERTICULITIS TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. AUTOPSY? (Yes of No) 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the ō WAS PERFORMED OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? where (If In Bollimore City, give exact location) to the hospital Ŷ MEDICAL DEATH (notify medical examined) any nature; 21 D. TIME OF INJURY 9 be obtained 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Yeor) (Hour 21 E INJURY OCCURRED Not While (except (APPROX.) quq NOVENIEN 22. I certify that (I) (this haspital) attended the deceased fram. that (1) (we) lost sow the deceased alive an NOVENBER 26 death); 19 69 and that in (my) (aur) apinian death accurred an the date hospital of and haur and from the couses stated above. (1) (We) (did) (did nat) view the bady after death. the body was released must accident 23A. SIGNATURE 23 B. DATE SIGNED Attending 11-26-69 40 written approval Phys. 0 23C. PHYSICIAN'S deceased prior 23 D. ADDRESS at NAME (Type) INION MEMORIAL HOSP, BALTIMORE ds D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C, NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) shows: 11/29/69 Belair Rd. Balto. Md. Holy Redeemer Cemetery Burial 258. MAME OF SEGISTRAR 25C. FUNERAL DIRECTOR 3 Matchell Wiedefeld Home 6500 York Rd. V\$ 150-REV. 1/1/68

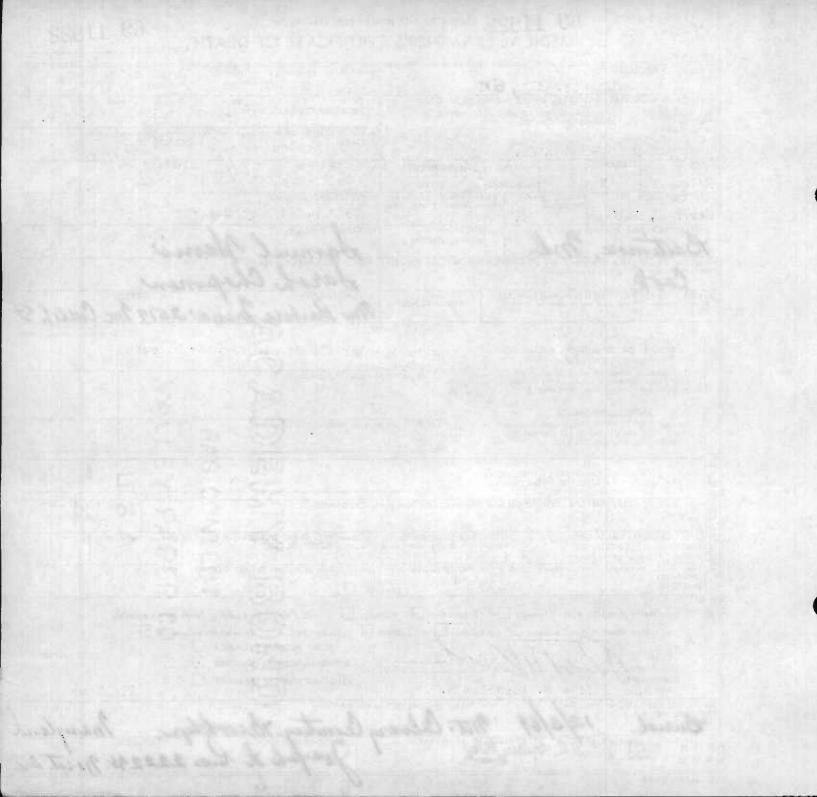


	TH NO.  IAME OF DECEASED  Pe or Print)  Maude H. Moore	IFICATE OF DEATH  2. Date and hour of death  11/27/1969	9 3				
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence to A. STATE B. COUNTY	petere admiss				
FU HC IN!	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STR STITUTION ADDRESS OR LOCATION)	D. HASIDE CITY EIMINS:	00				
9	Log Green Nursing Home	Balto. YES A N  E. STREET AND NUMBER  602 Walker Ave	0 📗				
	6. RACE 7. MARRIED NEVER MARI	RRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months Doys H	If Under 24 lours   Mir				
don	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR II  during most of working life, even if retired)  Homemaker		HAT COUN				
13.	S.D. Hutt	14. MOTHER'S MAIDEN NAME Belle Cullison					
	Wos Deceosed Ever in U. S. Armed Farces? s,no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY N  220 44 5	NO. 17. INFORMANT ADDRESS 5555Jl Albert H. Moore 304 Hopkins Rd.	S				
	CAUCE O	OF DEATH  R5CUD Z Cesebrel  SETWEEN C	MATE INTERVA				
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	TO, OR AS A CONSEQUENCE OF:					
CATION	DISEASE OR CONDITION GIVEN IN PART 1 (A).		2083				
RTIFIC	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	TION 20A. AUTOPSY? (Yes or Not 20B. IF YES, WERE FINDINGS CONSIDING CAUSES OF DEATH?	EKED				
CAL CE	21 A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJUNCTION (CONTRIBUTING CAUSE OF DEATH (notify medical examiner)   21B. PLACE OF INJUNCTION (COLOR)	IURY (e.g., in or obout 21C. WHERE DID (If In Baltimore City, give exact lact, street, office bldg., INJURY OCCUR?	cotlan)				
MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCU OF INJURY (APPROX.) While At Work	Not While At Work					
	22. I certify that (I) (this hospital) of ontended the deceosed fram Ourg: 1947 to 1162 1969 that (I) (was) lost saw the deceased olive on NEV. 24 4969 ond that in (my) (see) apinion deoth accurred on the deceased of the deceased olive on the deceased olive on the deceased of the deceased olive on the deceased of the deceased olive on the deceased olive on the deceased of the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive on the deceased olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive olive ol						
	(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	and haur and fram the causes stated above. (1) (War) (did) (d	23B, DATE SIGNED					
	and haur and fram the causes stated abave. (I) (***) (did) (d 23A. SIGNATURE  Wm. H. Aunum  OE  23C. PHYSICIAN'S						
24#	and haur and from the causes stated above. (1) (Na) (did) (d 23A. SIGNATURE Wm H. Namuna, J.	Attending Med. Director Phys. 23B. DATE SIGNED Z.9 200  23B. DATE SIGNED Z.9 200  23B. DATE SIGNED Z.9 200  Attending Phys. Baltimore, Maryland					

1 4 The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th All the sea from meet the section of the fivery Carlot and American area ale son all sons

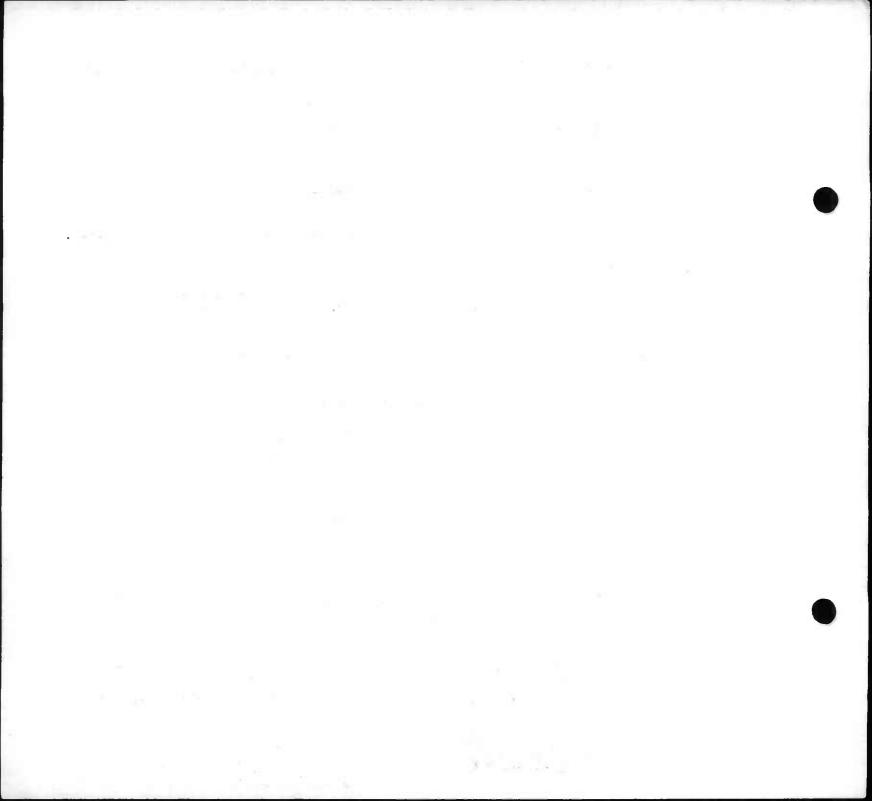
### 4-620 69 11922 BALTIMORE CITY HEALTH DEPARTMENT

	CERTIFICATE OF DEATH REG. NO.
BIRTH NO.	
1. NAME OF DECEASED	2. DATE Known Month Day Year Hour
ALTON HARRIS, 57.	DEATH Estimoted
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD November 29,1969 8:30 P.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
2541 McCulloush Street	A. STATE Maryland B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Doltinos
Male Negro WIDOWED DIVORCED  9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs	YES NO N
lost birthdoy) Months, Doys, Hours, Min.	
March 4, 1910 59	2541 McCullough Street
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Baltimore ma WHAT COUNTRY?	Samuel Harris
14A. USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTR	RY 15: MOTHER'S MAIDEN NAME
done during mast of working life, even if retired)	Ansal Chapman
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	IB. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	m. 12. 1. 9. 10 = - 0. 10.000
19. CAUSE OF DE	1000 Barbara Mande 2319 Mc Cully ST
CAUSE OF DEA	ATH  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arterio	osclerotic Cardiovascular Disease
LEADING TO DEATH	CAUSE
(This does not mean the mode of dying, e.g., heart lailure, asthenia, etc., it means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
(0)	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z COMMINION EAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21. AUTOPSY? (Yes or No)
22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g.	, in or obout 22C. WHERE DID (If in Boltimore City, give exect location) ce bldg., etc.) INJURY OCCUR?
UNDERLYING OR CONTRIB- home, form, foctory, street, offi	ce bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX ) WHILE AT NO	T WHILE
m. WORK AT	WORK L
I certify that I held on Inquiry Inspection 😠 Au	name of the state of the best of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state o
resulted from: Notural couses M Accident Suici	de Hamicide Undetermined manner
ACTUAL A / 11/1/1/	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE / July / Want M.I	ASSISTANT MEDICAL EVAMINED 157
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Ronald N. Kornblum, M.D.	11/30/69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY . 24D. LOCATION (City, town, or county) (State)
Burel 12/3/69 mt 160	Contract Brushell hard
25A DATE RECIDENTE AND THE PROPERTY OF REGISTRAR	1 250 FUNDA DISCORD
ECR TRANSPORTER	25e-FUNERAL/DIRECTOR. ADDRESS
	Just h tues 2222 W. north are
VS 151-REV. 1/1/68	01000



1	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be approved be the body was released to the hosp shows: (1) An accident of any naturwas D.O.A. at a hospital (except was D.O.A. at a hospital (o) written approval must be obtained	

U	0-38	5 69	1192	BALTIMORE CITY  3 CERTIFICA	TE OF DEATH	REG. NO	69 11923
1.1	TH NO. NAME OF DECI pe or Print)	Samuel W			2. DATE	AND HOUR DE DEATH	1 2:00 P
FU H C	PLACE IN BALT LL NAME OF DSPITAL OR STITUTION	IMORE, MARYLAND, W  UF NOT IN HOSPITA ADDRESS OR LOCA  Provident	AL OR INSTITUTION Hospita	UNCED DEAD UTION, GIVE STREET	c.city or town Baltimore	D. IN:	institution: residence befare admission)  4 0 2  SIDE CITY LIMITS?  YES NO
	<i>J</i> /	1514 Divi Baltimore			E. STREET AND NUMBER 1506 Madis	on Avenue	
N	la1e	Colored	WIDOWED [		5-6-1911	9. AGE (In years last birthday)	If Under 1 Ye. If Under 24 Hrs. Months Doys Hours Min.
dor	Laborer	PATION (Give kind of work rorking life, even it retired)	10B, KIND OF	BUSINESS OR INDUSTRY	Virginia	oleign countryl	12. CITIZEN OF WHAT COUNTRY?
13.	Simeon \				unk.	IAME	
15. (Ye		Ever In U. S. Armed Ford Uf yes, give wor or dote:	ces? s of service)	16. SOCIAL SECURITY NO. 705-09-0094	17. INFORMANT 1506 Mr. Samuel	Madison Ave. Woodson-Son	ADDRESS
NOU	(This does not heart failure, of injury or camp  A  DISEASES Of rise to the UNDERLYING	E OR CONDITION DIR LEADING TO DEATH of mean the mode af sistenia, etc. If means ofication which caused NTECEDENT CAUSES R CONDITIONS, if abave cause (A) CONDITION last.  CANT CONDITIONS CO! I BUT NOT RELATED TO THE	dying, e.g., the disease, death.)  any, giving stating the	(B) Arterios		Disdease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	DISEASE OR CO	NDITION GIVEN IN PART	T (A).	VHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CAL CE	21A. ACCIDEN OR CONTRIBUT DEATH (notify	T WAS UNDERLYING TING CAUSE OF	21B. home	e, form, foctory, street, of	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boilime	ore City, give exocl location)
MEDI	21D. TIME OF INJURY (APPROX.)	(Monthi (Doy) (Year)					
	that (I) (we)		d olive on_	Vovember 30 ) (We) (dld) (dld nat) v	lew the body after death	that In (my) (our) op	Inian death occurred on the date    238, DATE SIGNED   12-1-69
	23C. PHYSICIA! NAME (Ty	pel Gregor		engco MD	3D. ADDRESS 1514 Divisi	ion St Balti	imore, Maryland
	Burial CREA REMOVAL (S Burial DATE RECD	12-4-69	Mt.	Auburn Cemet	ery Ba	ltimore, Mar	yland rd Ave. Address
VS	150-REV. 1/1/6	8				<del>/</del>	



M-625	69 11924 BALTIMORE CITY HEALTH DEPARTMENT	
111-625	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	69

	AMINER'S	EKIIFIG	LATE OF	DEAT	H REG. NO.	69 1	1924	
I. NAME OF DECEASED		lo DATE	v (83)					
(Type or Print) Helen Mc	roan	2. DATE OF	Known 🔀	Month	Day	Year	Hour	
		DEATH	Estimoted 🗆					M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO		3. DATE	NCED DEAD	Month	Doy	Year	Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	IN, GIVE SIKEEL	7.00.00	THEED DEAD	12	2	69	3:10	а м.
OR INSTITUTION			SIDENCE (Where			residence b	efore odmiss	sian)
4313 Kathland Ave		A. STATE	Maryland		B. COUNTY	2	800	7.
	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?	000	
			Baltimor	e				
		E CYDERY A	ND NUMBER		YE	5 1	10 🗆	
Jost birthdoy) Month	der 1 Yr. If Under 24 Hrs. is Doys Hours Min.	E. SIKEEL A		1.1 1	A			
6-17-20 47			4313 Kat	niand	Ave.			
	TIZEN OF	13. FATHER	NAME 7		in . 2 .	1		
Persone VA &	HAT COUNTRY?	108.	50 /	00	PHII.	165		
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF B		15. MOTHER	'S MAIDEN NAM	WE			/	
dane during most of working life, eyen if retired)	- 1 Jam	1/8	2 m)	in	TUTT	1		
	17. SOCIAL	18. INFORM	ANT	-	40	DRECC		
(Yes, no or unknown) (If yes, give wor or dales of service)	SECURITY NO.			or E	No - A	6AN	6	ME
14		2×1	mon	1 0-	19000		0 -	
19. 571 81	CAUSE OF DEAT	Н					ROXIMATE INT	
DISEASE OR CONDITION DIRECTLY								
LEADING TO DEATH		wer Fat	ty altera	tion o	f liver			
(This does not mean the made of dying, e.g.,	DUE TO, OR A							
heart foilure, osthenio, etc. It meons the diseose, Injury or complication which coused deoth.)	min of the later							
ANTECEDENT CAUSES	(8)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO, OR	AS A CONSEC	UENCE OF:					
I UNDERLYING CONDITION LAST	(c)							
Õ	(0)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR V								
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).								
20A. DATE OF OPERATION 20B. CONDITION FOR V	HICH OPER ATION WA	C DEDECORA	50			OF ALLEO	CVO /Vacan	- Na
O n	THICH OF EXAMOR WA	J FERFORM				ZI. AUTOF	SY? (Yes or	140)
✓ 22A. EXTERNAL CALISE WAS 1228 DI						ye	S	
TELEVITA CHOSE TIME	ACE OF INJURY(e.g., larm, factory, street, office	in or obout 2:	C. WHERE DID (	il in Baltimar	e City, give exoc	location)		
☐ UTING ☐ CAUSE OF DEATH.	,,,,	0.00,0.00,0.	JONI OCCOR.					
	E.INJURY OCCURRED	22	F. HOW DID INJ	URY OCCU	IR?			
OF INJURY (APPROX.)	HILE AT NOT	WHILE						
23.	ORK L AT W	ORK						
	Inspection Aut	opsy X	and that on the	ta basta	d==4b t=			
			and that on th			1		
resulted from: Natural causes X Ac	cident Suicid	e 📙 Ho	nicide 📙 👢	Indetermin	ed manner _			
1110, 1		C	HIEF MEDICAL E	XAMINER				
SIGNATURE WWW.	M.D.	ASSIS	TANT MEDICAL E	XAMINER			DATE SIGN	ED
			CIATE MEDICAL E	YAMINED				
NAME (Type) Werner U. Spidz,	M.D.	Deputy	Chief Med	ical E	xaminer	12	1/2/69	
24A. BURIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY			OCAJION	(City, town,		(Stote	•)
REMOVAL (Specify)	Warn		111	12			1/	•
18 m	1,0701.		nu	181	6150	UNO	Ma	
25A. DATE REC'D BY HEALTH DEPT. 25 NAME A	REGISTRAR	25C. F	UNERAL DIRECTO	OR		DRESS		
15 0 1202 Nascon at 1202	de Mile	m	PHA	117	CLA	vmr	12	
VS 151-REV. 1/1/68	5 8 5	11	00/0	00	75"	UMI	7/0	

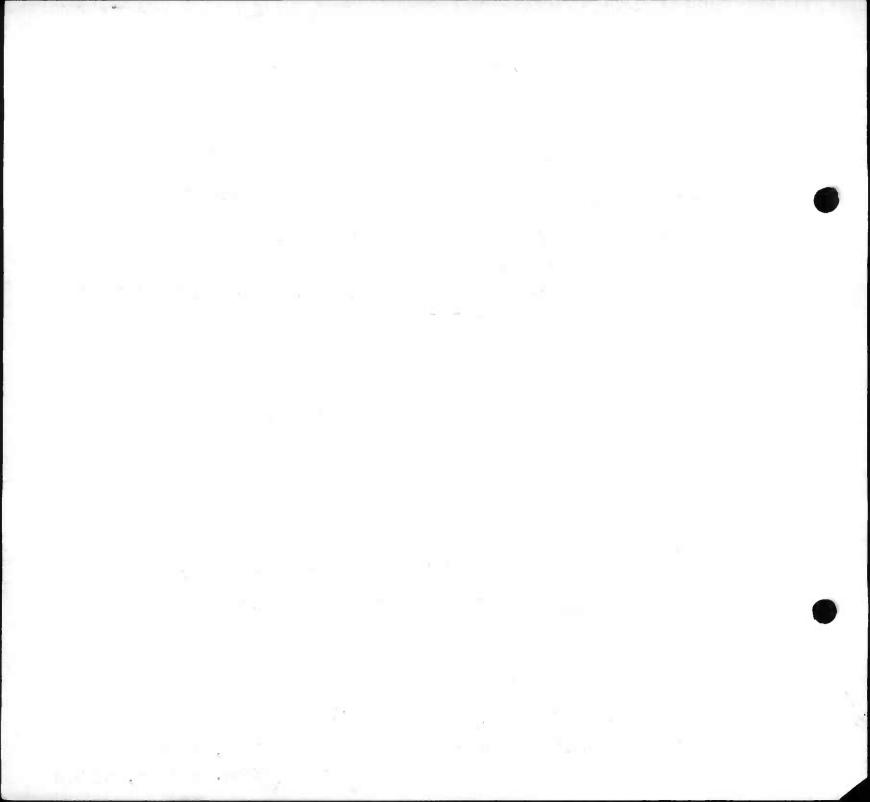
+	1-630	69	44005	TE OF DEATH	X REG. NO	69 11925		
1, N.	H NO.  AME OF DECEA e or Print)  [	sed Villiam J.	Howard		ND HOUR OF DEATH	18:05A M		
FUL	L NAME OF SPITAL OR TITUTION		AL OR INSTITUTION, GIVE STREET ATION)	A. STATE Md.  C. CITY OR TOWN  Baltimore  E. STREET AND NUMBER	Baltim	ore SIDE CITY LIMITS? YES NO TO		
5. \$	EX M 6.	RACE W.	7- MARRIED NEVER MARRIED WIDOWED S DIVORCED	8. DATE OF BIRTH Aug. 11,1889.	9. AGE (In years last birthday) 80	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.		
	during most of wo	ATION (Give kind of work rking life, even if retired) d Railroad W	orker	11. BIRTHPLACE (Stote or form		12, CITIZEN OF WHAT COUNTRY?		
13. 1	FATHER'S NAME		J. Howard, Sr.	14. MOTHER'S MAIDEN NA		ane Campbell		
		ver in U. S. Armed For f yes, give wor or dote		Mr. Richard C.	Howard	(Same)		
Z	(This does not heart failure, as injury or compl  AN DISEASES OR rise to the UNDERLYING	OR CONDITION DI EADING TO DEATH meon the mode of shenio, etc. It means icotion which caused NTECEDENT CAUSES CONDITIONS, if obove couse (A) CONDITION last.	dying, e.g., the disease, death.)  any, giving stoting the (C).	A CONSEQUENCE OF:	-Varieas	J. Sleyd		
	TO THE DEATH DISEASE OR COL	BUT NOT RELATED TO T NDITION GIVEN IN PAR	HE TERMINAL  RT 1 (A).  IDITION FOR WHICH OPERATION	Keral Valentar 20A. AUTOPSY? (Yes of N	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?		
O	21 A. ACCIDENT OR CONTRIBUTE DEATH (notily m	WAS UNDERLYING DING CAUSE OF	218, PLACE OF INJURY (e.g., home, farm, factory, street, o	in or obout 21C. WHERE DID INJURY OCCUR?	(II in Boltimo	ore City, give exact location)		
MEDI	OF INJURY (APPROX.)  22. I certify th	Month) (Doy) (Year) nat (1) (this hospital	While At Not White At Work  Not Work  Not White At Work  At Work	25	1969 to D	QQ 1969.		
	and haur and fram the causes, stated abave. (1) (We) (dtd) (did nat) view the bady after death.  23A. SIGNATURE  Attending  Attendin							
24A	Burial CREM	12/4/69	24C. NAME of CEMETERY OF CR Loudon Park Cem		Baltimore	City, town, or county (Stote)		
	DEC 3 1		258, NAME OF REGISTRAR	Leonard J. F	R	elto. Md. 21214		

23 ===

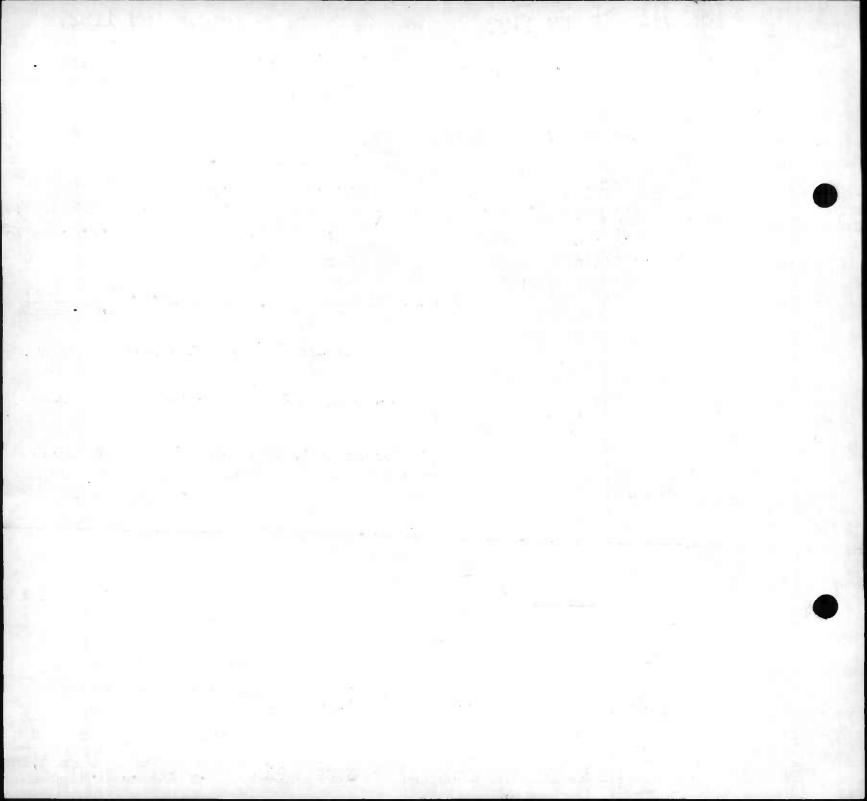
*****

The series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of th

1	1.20	5			BALTIMORE CI	TY HEALTH D	EPARTMENT		00	41000
	RTH NO.		69	1192	6 CERTIFIC	ATE OF	DEATH	REG. NO	69	11926
	AME OF DEC pe or Print)	EASED	17 ABO	THE	KATALA	VICH	2. DATE AN	30 GATI	1 3	45 A M
3.	PLACE IN BAL	TIMORE, MA	RYLAND, WH	ERE PRONO	UNCED DEAD	4. USUAL A. STATE	RESIDENCE (When	e deceased lived, 11	institution: resident	ce before admission)
HC	LL NAME OF	IF NOT	IN HOSPITA	L OR INSTIT	UTION, GIVE STREET	C. CITY OR	1. BH	21	9	03
IN	$\frac{1}{2}$	. N	10			C. CITT OK	3#LT	D. IN	SIDE CITY LIMITS?	NO 🗌
3	8	BAL	TM	D.		E. STREET	AND NUMBER	36 th 57	7	
	emale	6. RACE	0	WIDOWED		8. DATE OF	1/03	9. AGE (In years)	Il Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
don	LUSUAL OCCI o during most of OUSOWIF	vorking lile, eve	kind of work] en if retired)	OB, KIND O	BUSINESS OR INDUST	IY 11. BIRTHPL	ACEIStote or forei		12. CITIZEN O	FWHAT COUNTRY
13.	FATHER'S NA	AE.	0000	7		14. MOTHE	R'S MAIDEN NAM	VE V	1	/
	Lou	15 0	CACIBOO	Ort		AL	FREID	OH GK	el No	
Yes	Wos Deceased s, no or unknown	(If yes, give	wor or doles	of service)	SECURITY NO.	17. INFORM	ANT	11110011	ADD CA AA	RESS
_	18.	2 1/1			215-18-6762 CAUSE OF DEA	TH -017.	10 17/11	THNICT	) St / [[]	ROXIMATE INTERVAL
	DISEAS	E OR CONE		CTLY			0	1 1.		EN ONSET AND DEATH
	1This does n	LEADING TO		lvina e.a.	(A) IMMEDIATE C		CONIC,	KENAL F	AILUR?	2 yrs
	heart failure,	osthenia, etc	. il means f	he disease,	DUE TO, OR A	S A CONSEQUE	NCE OF:			
	,	NTECEDEN'	T CAUSES		- A	NEMI	A			34R5
	DISEASES C				DUE TO, OR	S A CONSEQU	ENCE OF:			
	rise la the UNDERLYING	CONDITIO	N last.	sianng ine	(C)					
z		II		20101101110						
ATION	OTHER SIGNIF TO THE DEAT DISEASE OR C	H BUT NOT RE	LATED TO THE	TERMINAL	*******************					
RTIFIC	19A-DATE OF	OPERATION	WAS PERFO	TION FOR	WHICH OPERATION	20A. AU	OPSY? (Yes or No	20B. IF YES, WERI	FINDINGS CON	SIDERED 1?
CALC	21 A. A CCIDEN OR CONTRIBU DEATH (notify	IT WAS UND TING CAU medicol exom	ERLYING     ISE OF nined	218 hon etc.	PLACE OF INJURY (e.g. ne, farm, factory, street, )	in or obout 21 affice bldg., IN	LURY OCCUR?	(If In Boltim	ore City, give exoc	t locotion)
MEDI	21D.TIME OF INJURY	(Manth) 1D	oy) (Yeor)		INJURY OCCURRED		HOW DID INJ	URY OCCUR?		
	(APPROX.)			Wa			/	1	1/20	
					he deceased from	11/25/	69 1	9/19_to	4/30	1960
	that (I) (we)					19	/	ot in (my) (our) of	oiníon deoth occ	curred on the date
	23A. SIGNATU		Juses stole	7.7 1	(We) (did) (did not)	Alem the por	ly offer death.		23B, DATE SIG	ŊED /
	Hou	raid	Wall	ach.	MA DEGREE P	Hending	Med. Director	Staff Phys.	11/	30/69
	23C. PHYSICIA NAME (T		W/AL	LACK	+ m.D	23D. ADDRES		rd.		
24A	BURIAL CRE	MATION, 248	L DATE	24C.N.	AME of CEMETERY OF C		24D. LC	CATION (	City, lown, or coun	nty) (Slote)
	Burial	]	12/4/69		kwood		Balt	imore, Mar	vland	20071-00
25A	DATE REC'D		DEPT.		OF REGISTRAR		VERAL DIRECTOR		Al	DDRESS
	DEC 3	1969	Alley !	a Acade		Leo	nard J Ru	ckInc. Bal	timore, Ma	aryland



T	)-412		69	11927			HEALTH DEPART		REG. NO.	69	11927
1. N	TH NO.  AME OF DECE e or Print)	Mary	т.	Phelps					HOUR OF DEAT	Н	6:45 A.
3. P	LACE IN BALT	IMORE, MARY	LAND, W	HERE PRONOUT	CED DEAD		4. USUAL RESIDE	NCE (Where B. COUNTY	deceased lived. If	institution:	residence before admis
FU I HO	LL NAME OF	(IF NOT IN	N HOSPITA	AL OR INSTITUT	TON, GIVE STR	EET	Maryla:	1	D. II	NSIDE CITY I	747 IMITS?
		od San	narit	an Hos	pital		Baltimo.			YES 3	NO
4	15					-54	2909 Lo		Ave.		
5. S	EX	6. RACE		7. MARRIED	NEVER MARR	RIED	B. DATE OF BIRTH	9.	AGE (In years st bigthday)	If Under	er 1 Yr. If Under 24 Doys Hours Mi
F	emale	Whit	ce	WIDOWED	DIVOR	CED 🗌	11/8/94		75"		
	USUAL OCCU			10B. KIND OF	BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (S		country)	12, CIT	IZEN OF WHAT COU
10114	House		ii veiivee,	Hom	e		Pennsyl	vania			U.S.A.
	FATHER'S NAM	\E					14. MOTHER'S M.				
(	Charles	TILLE	Ā				Sarah	Lewis			
Yes	Was Deceosed , no or unknown)	Ever in U. S. A (If yes, give w	Armed Fore		6. SOCIAL SECURITY N	-	Kennet	h D. I	helps -	R.D.#	#2 on,Md.2103
ERTIF	OTHER SIGNIFITO THE DEATH DISEASE OR CO	CANT CONDITION  CANT CONDITION  BUT NOT REL  DIDITION GIVE  OPERATION  T WAS UNDE	ONS COU ATED TO THEN IN PAR 19B. CON WAS PERF	NTRIBUTING HE TERMINAL T I (A). DITION FOR W FORMED	(C)	Sche Ser ON	A CONSEQUENCE  A CONSEQUENCE  CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQ	efatt (Yes or No)	20B, IF YES, WEI	RE FINDING	S CONSIDERED DEATH?
	OR CONTRIBU	TING CAUS	E OF	home etc.)	form, foctory,	street, off	ice bldg., INJURY	OCCUR?			
O	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy	(Yeor)	While	NJURY OCCUI	Not While		W DID INJU	RY OCCUR?		
	22. I certify that (I) (we)				deceased to	om	1-39-60 ew the bady aft		ta in( <u>my</u> ) (aur) (	1-30 opinian dec	219 6 ath occurred on the
	23A. SIGNATUI			10						23B, DA	TE SIGNED
	Ste	wel	4	Thous	DE	GREE Phys			nys.	11	-30-69
	23C. PHYSICIAN NAME (Ty	pe)	V	1		2	3D. ADDRES	MALL	- R10	SE	COURT
	STE	EVE	L	00	HNSDI	DEGREE	BALT	IMOL	2E, Ma	1 2	1210
24A	REMOVAL (S	pecily)	DATE		ME of CEMETER			24D. LO		(City, Iown,	
25.4	Buria.		2/3/6	258. NAME OF	kwood	Ceme	25C. FUNERAL		timore		Maryland
	DEC 3	1959	Be B	C. Jelley	\$9.0	00	Robert	C. A.	ltenburg d RdB	Fune	Md. 21214
VS	150-REV. 1/1/6	В									

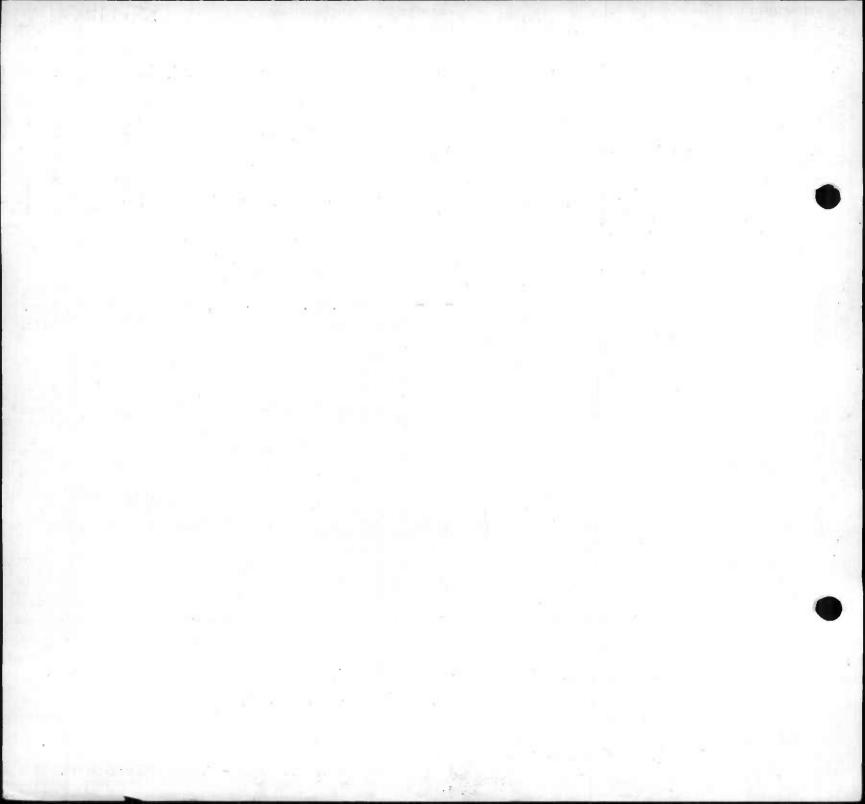


This certiticate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such are approval must be obtained before the remains are embalmed or final disposition is made.	che the	
certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospit body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of is: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) De D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance ased prior to death); and (6) No physician was in regular attendance on the deceased prior to death ten approval must be obtained before the remains are embalmed or final disposition is made.	dec dec ceas on t	
certificate must be approved by the chief medical examiner or his assistant if death occurred in a ho body was released to the hospital by a medical examiner. Also, if the direct or contributing cause rs: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) D.O.A. at a hospital (except where the physician who pronounced death was in regular attendar assed prior to death); and (6) No physician was in regular attendance on the deceased prior to death approval must be obtained before the remains are embalmed or final disposition is made.	spit of ODe of of	
certificate must be approved by the chief medical examiner or his assistant if death occurred in body was released to the hospital by a medical examiner. Also, if the direct or contributing cass (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined caus D.O.A. at a hospital (except where the physician who pronounced death was in regular attermined assed prior to death); and (6) No physician was in regular attendance on the deceased prior the approval must be obtained before the remains are embalmed or final disposition is made.	a ho ause e; (5 ndar o d	
certificate must be approved by the chief medical examiner or his assistant if death occurred body was released to the hospital by a medical examiner. Also, if the direct or contributins: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined to D.O.A. at a hospital (except where the physician who pronounced death was in regular coased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior approval must be obtained before the remains are embalmed or final disposition is made.	in or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or the state or	
certificate must be approved by the chief medical examiner or his assistant if death occur body was released to the hospital by a medical examiner. Also, if the direct or contributions (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermin D.O.A. at a hospital (except where the physician who pronounced death was in regulassed prior to death); and (6) No physician was in regular attendance on the deceased ten approval must be obtained before the remains are embalmed or final disposition is ma	ar a de.	
certificate must be approved by the chief medical examiner or his assistant if death a body was released to the hospital by a medical examiner. Also, if the direct or constant (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undeter D.O.A. at a hospital (except where the physician who pronounced death was in reased prior to death); and (6) No physician was in regular attendance on the decerten approval must be obtained before the remains are embalmed or final disposition is	ntrik rmin egul ssed	
certiticate must be approved by the chief medical examiner or his assistant if dec body was released to the hospital by a medical examiner. Also, if the direct or ss. (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Unc D.O.A. at a hospital (except where the physician who pronounced death was ased prior to death); and (6) No physician was in regular attendance on the d	in r	
certificate must be approved by the chief medical examiner or his assistant if body was released to the hospital by a medical examiner. Also, if the directs: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) D.O.A. at a hospital (except where the physician who pronounced death wased prior to death); and (6) No physician was in regular attendance on the napproval must be obtained before the remains are embalmed or final disp	Correction of the design of th	
certificate must be approved by the chief medical examiner or his assistary body was released to the hospital by a medical examiner. Also, if the case (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind D.O.A. at a hospital (except where the physician who pronounced deat assed prior to death); and (6) No physician was in regular attendance of the approval must be obtained before the remains are embalmed or final and approval must be obtained before the remains are embalmed or final	directly, (4)	
certificate must be approved by the chief medical examiner or his ass body was released to the hospital by a medical examiner. Also, if t sis (1) An accident of any nature; (2) Body burns; (3) A fracture of any D.O.A. at a hospital (except where the physician who pronounced assed prior to death); and (6) No physician was in regular attendanten approval must be obtained before the remains are embalmed or fi	he chind	
certificate must be approved by the chief medical examiner or his body was released to the hospital by a medical examiner. Also, ss. (1) An accident of any nature; (2) Body burns; (3) A fracture of a D.O.A. at a hospital (except where the physician who pronounc ased prior to death); and (6) No physician was in regular attenten approval must be obtained before the remains are embalmed.	if the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation in the interpretation	╟
certificate must be approved by the chief medical examiner o body was released to the hospital by a medical examiner. A is: (1) An accident of any nature; (2) Body burns; (3) A fracture D.O.A. at a hospital (except where the physician who proncused prior to death); and (6) No physician was in regular a ten approval must be obtained before the remains are embalm	of of or or or or or or or or or or or or or	
certificate must be approved by the chief medical examins body was released to the hospital by a medical examine is: (1) An accident of any nature; (2) Body burns; (3) A frac D.O.A. at a hospital (except where the physician who p ased prior to death); and (6) No physician was in regulten approval must be obtained before the remains are emission.	rong rong balm	
certificate must be approved by the chief medical exa- body was released to the hospital by a medical exar- sis (1) An accident of any nature; (2) Body burns; (3) A D.O.A. at a hospital (except where the physician wh- cased prior to death); and (6) No physician was in re- ten approval must be obtained before the remains are	frac frac egulo	
certificate must be approved by the chief medical body was released to the hospital by a medical size (1) An accident of any nature; (2) Body burns; (2) D.O.A. at a hospital (except where the physician ased prior to death); and (6) No physician was iten approval must be obtained before the remains	axar 3) A 3) A n re	
certificate must be approved by the chief med body was released to the hospital by a medi ss. (1) An accident of any nature; (2) Body bur D.O.A. at a hospital (except where the phys ased prior to death); and (6) No physician w ten approval must be obtained before the rem	cal cal ns; ( iciar iciar as i	
certificate must be approved by the chief body was released to the hospital by a n ss. (1) An accident of any nature; (2) Body D.O.A. at a hospital (except where the fased prior to death); and (6) No physiciten approval must be obtained before the	medinedipolicy by sin w	
certificate must be approved by the c body was released to the hospital by ss. (1) An accident of any nature; (2) B D.O.A. at a hospital (except where t ased prior to death); and (6) No phy ten approval must be obtained before	a nody he he he he he he he he he he he he he	
certificate must be approved by the body was released to the hospital state (1) An accident of any nature; (D.O.A. at a hospital (except whe ased prior to death); and (6) No ten approval must be obtained be	he c by (2) B re t phy fore	
certificate must be approved body was released to the hosts: (1) An accident of any natural D.O.A. at a hospital (except assed prior to death); and (6) ten approval must be obtained	by the pital whe No d be	
certificate must be approbady was released to the ss. (1) An accident of any D.O.A. at a hospital (excided prior to death); and ten approval must be obte	hos hos natu ept d (6)	
certificate must be appoor your to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of t	the the any and and obto	
certificate must k body was release ss. (1) An accident D.O.A. at a hospi ased prior to dec	d to d to tral tral t be	
certificate misody was release (1) An acci D.O.A. at a his ased prior to	den den den dec dec	
certification body was vs. (1) An D.O.A. a seed pricted bridge.	acci acci acci	
Sody rs: (1) D.O.	was was A at pric	
~ o ~ ~ ~ ~ ~	S: (1)	
he hov	his che bhow how ras leced	1

1	t - 350) 00 11360		HEALTH DEPARTMENT	REG. NO	69 11928		
	NAME OF DECEASED FISONE	ПІСА					
	re or Print FISSONE Augellua.			ND HOUR OF DEATH	30		
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAL		12/	1/69	fitution: residence before admission)		
Ш	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION)		A. STATE B. COU	NTY	11tution: residence before odmission)		
HIN	CTITUTION		C. CITY OR TOWN	D. INSID	DE CITY LIMITS?		
	Church Home & Hospital		Baltemore		YES P NO		
	35 Baltonne Md.		E. STREET AND NUMBER				
			1439 Bonsal	Street			
5.	SEX 6. RACE 7. MARRIED NEVER M	ARRIED	B. DATE OF BIRTH	9. AGE (In years	II Under 3 Yr. II Under 24 Hrs. Months Doys Hours Min.		
	E   W   =/	ORCED	7/20/1896	lost birthdoy)	Months Doys Hours Min.		
10/	LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS O	RINDUSTRY	11. BIRTHPLACE (Stole or lor	reign country	12. CITIZEN OF WHAT COUNTRY		
do	ne during most of working life, even if refired)		ITALY.		USA.		
13.	May could		14. MOTHER'S MAIDEN NA		034.		
			MOTHER'S MAIDEN NA	AME .			
_	Laurence Fusco		Therega G	waillo			
15.  (Ye	Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL  SECURITY  SECURITY	NO.	17. INFORMANT		ADDRESS		
H		- 2734	N. Harris	923 Fox	crop. Poure.		
⊩	CAUC	OF DEATH			APPROXIMATE INTERVAL		
	DISEASE OR CONDITION DIRECTLY		•		BETWEEN ONSET AND DEATH		
1	I FARMER TO REALEST		- Δ. ( A. t )	C at 11 10	3 dats		
	(This does not mean the mode of dying, e.g., (A)M/DU	E TO, OR AS	SE Arlund Allustic	Carcus Carence	2 9092		
	heall failure, asthenia, etc. It means the disease, injury or complication which caused death.)	acuti	Fulmorary	Ordena.			
	ANTECEDENT CAUSES		Q				
	DISEASES OR CONDITIONS, if any, giving DU	TO, OR AS	A CONSEQUENCE OF:		***************************************		
					240		
	UNDERLYING CONDITION last, (C)	C eure	Tubular Necro	16	0000.		
Z	11 [	Siabeles	Millitari		24 asum.		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Artemos	derotic Parkeys	N. 10 la.	,		
V	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 119B. CONDITION FOR WHICH OPERA		20A. AUTOPSY? (Yes or N				
ERTIFIC	WAS PERFORMED	MON	ZUAL AUTOPSTETTES OF IN	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?		
H	21A- ACCIDENT WAS UNDERLYING TO 1218 PLACE OF IN	IIIDV (e.g. in	or obout 21 C. WHERE DID	M + B te	Co.		
AL.	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN home, form, foctor DEATH (notify medical examined) 21B. PLACE OF IN	y, street, all	ice bldg., INJURY OCCUR?	(II In Bollimare	City, give exoct lacotion)		
U							
MEDI	21D. TIME (Manth) (Doyl (Year) (Hour) 21E INJURY OCC	URRED	21F. HOW DID IN.	JURY OCCUR?			
~	(APPROX.) While At Work	Nat While At Work					
	22. I certify that (I) (this haspital) attended the deceased from 11 /27 19 69 to 12 /1 19 69.						
	and haur and fram the causes stated abave. (1) (46) (did) (did hat) view the bady after death.						
	23A. SIGNATURE						
l	he wanty	Atten	ding Med.		3B, DATE SIGNED		
		DEGREE Phys.	Director L.	Staff Phys.	12/1/69.		
	23C-PHYSICIAN'S NAME (Type)	2	3D. ADDRESS				
	JOSE MARTINEZ MO	DEGREE	Medical and	a Blog.	21201		
244	REMOVAL ISpecify) 24B, DATE 24C, NAME of CEME	TERY of CRE	MATORY 24D. L	OCATION (City.	town, or county) (State)		
1 /		haels	()	hester-Du	Un. Fa.		
254	DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR		25C. FUNERAL DIRECTOR	1	ADDRESS		
DE	0 0 1069 B. R. B & Falley ( 1820 )	17 0	John A. Moro	1 2000	C 0 1 C .		
25	459-REV. 1/1/68	1	ANION TO MORO	uns nc juul	Balto. Vt.		

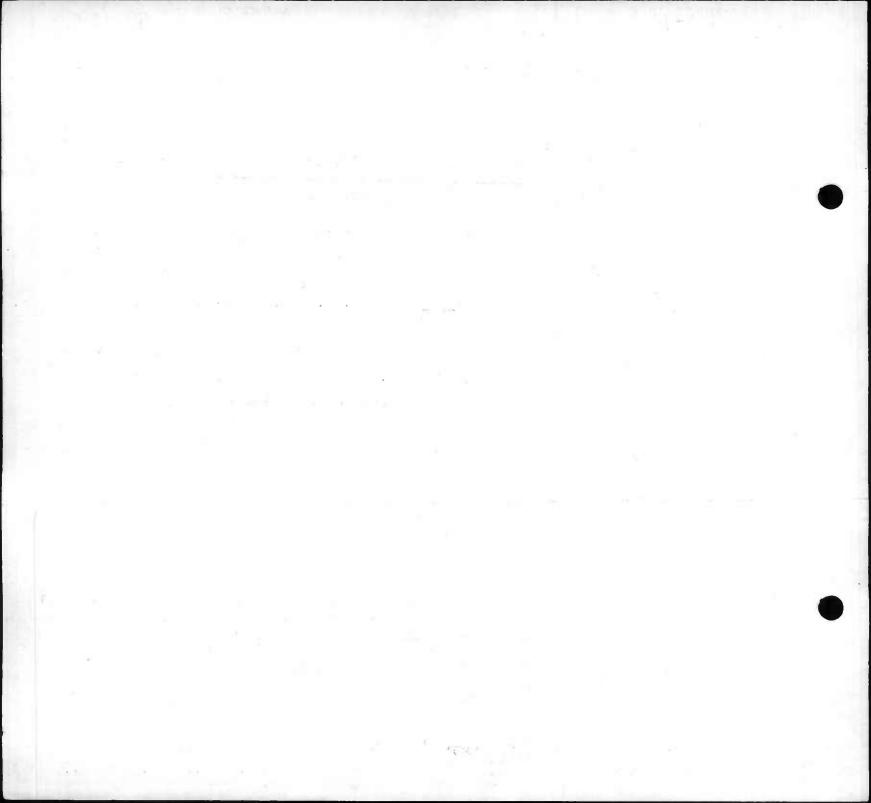
higherholds of the

1105 00 HOOD	BALTIMORE CITY	HEALTH DEPARTMENT	69	11929
( -425 69 11929 BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	, 1,1,0,0
1. NAME OF DECEASED		2 DATE AND	HOUR OF DEATH	
(Type or Print) Marie B. Collison	2			in OA
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNG		4. USUAL RESIDENCE (Where	ember 30, 19	on toridance bases admirais
S. FLACE IN BALLIMORE, MARILAND, WHERE FRONOUN	CED DEAD	A. STATE B. COUNT	Υ	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	Maryland		1307
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE C	TY LIMITS?
		Baltimore	YES	NO NO
2027 Parama A		E. STREET AND NUMBER		
3921 Roland Avenue		3921 Roland	Avenue	
SEX 6. RACE 7. MARPHED	A			Jnder 1 Yr. , If Under 24 H
MARKIED	NEVER MARRIED		st birthday) Moi	nths Doys Hours Min.
female white WIDOWED OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BU	DIVORCED	October 13,189	75yrs	
one during most of working life, even if retired)	ISINESS OR INDUSTRY	11. BIRTHPLACE (State às foreig	n čauntry) 12.	CITIZEN OF WHAT COUNT
homemaker		Deuton Obic		
3. FATHER'S NAME		Dayton, Ohio	F	
			-	
Peter Berry		Clara Hyre		
. Was Deceased Ever in U. S. Armed Faices?	SOCIAL	17. INFORMANT		ADDRESS 2123L
	SECURITY NO. 13-32-5999	Jno. G. Colli	gon 7622 P	enning Term
	CAUSE OF DEAT		. BOIL , 1022 I	APPROXIMATE INTERVA
1B. 410.91	CAUSE OF DEAT			BETWEEN ONSET AND DE
DISEASE OR CONDITION DIRECTLY	Como	- en en Than	Comis.	A /
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE	-00-00	son.
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		-
injury ar camplication which caused death.)	$\sim$ $^{\prime}$			
ANTECEDENT CAUSES	ande	120000000000	Les leatding	10 cm
DISEASES OR CONDITIONS, if any, giving	(B)	A CONSEQUENCE OF:	the plany aust	4,1,1
rise to the above cause (A) stating the		TO STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE ST		
UNDERLYING CONDITION last.	(c)			
II.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
19A. DATE OF OPERATION 19B. CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or No)		NGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAUSES	OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PL	ACE OF INJURY (e.g., i	n at about 21 C. WHERE DID	(If in Baltimare City	, give exact location)
OR CONTRIBUTING CAUSE OF  OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)	form, factory, street, a	n at about 21C. WHERE DID ince bidg., INJURY OCCUR?		
OF IN HIRY	JURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
E (APPROV) While				
AA QIK	Al Work			
22. I certify that (1) (this haspital) attended the	deceosed from		)to//_	/30 19 65
that (I) (we) lost sow the deceased alive on		19 ond tho	t in (my) (our) opinion	deoth occurred on the c
	W->-( 1. 1\ / 1. 1			
ond hour ond from the couses stoted obove. (f)	rey (ala) (did not) v	new the body offer deoth.		
23A. SIGNATURE	0	. It had to be a		DATE SIGNED
homes & France	Athe		Phys.	2/1/69
23C. PHYSICIAN'S	- COREE	23D. ADDRESS		11/11
NAME (Type)	70	117 /1	1	
WORMANN, FREEMA	V. H DEGREE	11 1, 294	10/1	
4A. BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specify)	E of CEMETERY of CR	MATORY 24D. LO	CATION (City, to	wn, or county) (State
	dlawn Ceme	tery Be	ltimore,	Md.
SA. DATE REC'D BY HEALTH DEPT. 258, NAME OF		25C. FUNERAL DIRECTOR	r ornior e,	ADDRESS
	60 0		n - 3818 Ro	
DEC 3 1969 128 6 4. JAB.	160	Philipopio As	11 - 2010 HO.	Land Ave.
/S 1S0-REV, 1/1/6B	-			



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

,	.) 11	3		BALTIMORE CIT	Y HEALTH DEPARTMENT		CO	44000
V	N-19	69	1193	30 CERTIFICA	TE OF DEATH	REG. NO	03	11930
	TH NO.			30 031(11110)		AND HOUR OF DEATH		
	pe or Print)		McCOI	RMICK WEBSTER		12/2/69		12.15 A.M.
3.	PLACE IN BAL	TIMORE, MARYLAND, V	VHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (VA. STATE B. CO	there deceased lived. If i UNTY	institution: res	sidence before admission)
FU	LL NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR IN	STITUTION, GIVE STREET	Maryland		<u>-</u>	1401
IN:	STITUTION	ADDRESS OR LOC	A 110141		Baltimore		SIDE CITY LIA	MΠ\$? '
		AT HIS HOME	•		E. STREET AND NUMBER			
G	0	147 West La	fette	Avenue	147 West L	afayette Ave	enue ·	- 21217
5. 5		6. RACE	7. MARR	IED \Lambda NEVER MARRIED 🗌	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under Months	1 Yr. If Under 24 Hrs. Doys Hours Min.
Ι.	Male	White	WIDOW		Nov. 17, 190	9 60		
		UPATION (Give kind of working life, even if retired)	k 10B. KINE	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or	foreign country)	12. CITIZ	EN OF WHAT COUNTRY?
	INSURA		Sta	te of Maryland	Belair, Mar	vland	ŀ	USA
13.	FATHER'S NA	ME	1		14. MOTHER'S MAIDEN			
		James E	dwin \	Webster	Dora	Rouse		
15.	Was Deceases	Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT : WI	fe		ADDRESS 21217
(16	NO	Title yes, give wor or our	es 01 seivi	217-03-9203	Mrs. J. McC.	Webster, 14	17 W. 1	Lafayette Av.
	18. / / /	1 01		CAUSE OF DEA	TH		-	APPROXIMATE INTERVAL
	DISEA	SE OR CONDITION D	RECTLY		4			ETWEEN ONSET AND DEATH
		LEADING TO DEATH		(A)IMMEDIATE CA	USE Acute Myc	cardial Int	suction	Sudden
		not mean the mode o asthenia, etc. It mean		e.g., DUF TO OR AS	A CONSEQUENCE OF:	1		004000000000000000000000000000
		mplication which cause		Mypul	nsire - Arta	HIJHOROULL		40245
		ANTECEDENT CAUSE	S	(B)	rdic+25cular	V15225e		1000
		OR CONDITIONS, if		ving DUE TO, OR A	S A CONSEQUENCE OF:			
		e above couse (A) G CONDITION last.	Siding	(C)	Sán de Colon (10 Con Con Con Con Con Con Con Con Con Con	•••••••••		
		П						
NO.		FICANT CONDITIONS CO						
ATIO	DISEASE OR	TH BUT NOT RELATED TO CONDITION GIVEN IN PA	RT f (A).					
CERTIFIC	19A. DATE O	F OPERATION 198. COI	NDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS AUSES OF D	CONSIDERED EATH?
CER	21 A. ACCIDE	NT WAS UNDERLYING	7	21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Boltime	ore City, give	exact location)
AL		UTING CAUSE OF medical examiner)	_	home, form, factory, street, etc.)	office bldg., INJURY OCCUR	?		
EDICAL	21 D. TIME	(Month) (Doy) (Year	(Hour)	21E, INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
ME	OF INJURY			While At   Not Wh	le 🗀			
				Work At Work			7011	2 / 6
				ed the deceased fram	7 10			a 2 1969.
	that (I) (we	) last saw the deceas	ed alive	an Jime	7 1969 and	that fn(my) (pur) ap	inian deat	h accurred an the date
			ited abav	e. (1) (We) (did) (did not)	view the bady after deat	th		
	23A. SIGNAT	DRE 1	_		andian Co. Mad. C	n 21-42	23 B. D AT	4
	1.7	nank Supple	4)	DEGREE		Shaff Phys.	13	12)69
	NAME (	AN'S Type)	c 1		23D. ADDRESS	GT @ 14 1	MI	
	J Frank Supplee 11 010 37 7201 31 15217 2, 113							
24/	REMOVAL	Specify) 248. DATE	240	C. NAME of CEMETERY of CI	ZEM ATORY 24D	LOCATION (	City, town, or	county) (Stote)
	BURIAL	11/4/1	969	St. Mary's Ce	m Govans	Baltimore.	Maryl	and
254	DATE REC'E	CHEAL THE DIST.	300	ME OF RIGISTRAR				
	F V U	1000 Amara	U	5900	BIRGARI &	ON IDIA CO. 108	0 M • M •	rth Av., Cityl
V3	150-REV. 1/1/	OB						



Pemale   White   Whoweld   Divorce   June 1, 1887   82   10A. USUAL OCCUPATION (Give kind of working life, even if refired)   108. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN O	4443	27, 1969	Nov.			Linda K. Fi	NAME OF DECI
ADDESS OR LOCATON   Jenkins Memorital Hospital   1000 Caton Avenue   Baltimore   Md. 21229   34.09 Greenway   1000 Katon Avenue   STREET AND NUMBER   34.09 Greenway   1000 Katon Multiple   1000 Katon Avenue   ence before admis	e deceosed lived. If institution: re TY		INCED DEAD	HERE PRONOU	IMORE, MARYLAND, W	3. PLACE IN BALT	
STRUTION   Jenkins Memorial Hospital   1000 Caton Avenue   Baltimore   Md. 21229   E. STREET AND NUMBER   SAPE	2021			TION, GIVE STREET	AL OR INSTITU	(IF NOT IN HOSPITA	FULL NAME OF
S. SEX   G. RACE   Minite   MG. 21229   Months   MG. 21229   Months   MG. 21229   Months	NO []						NOTITUTION
S. SEK	NO []	4E2 [X]					- 1
S. SEK   G. RACE   Minte   M			3409 Greenway				91
If the content of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color o	Yr. If Under 24 rys Hours Mi			NEVER MARRIED	7. MARRIED	6. RACE	. SEX
does during most of working life, even if relied)    August   Colored   Colo	73 110013		June 1,1887	DIVORCED	WIDOWED	White	Female
13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   15. WOS Deceased Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT   1	OF WHAT COU					vorking life, even if retired)	lone during most of v
15. Wes Decessed Ever in U. S. Armed Forces?  (Yes, no or unknown) (III yes, give wor or dotes of service)  15. SOCIAL SECURITY NO. 215–07–8709  17. INFORMANT  215–07–8709  18. J.	,						
15. Was Decased Ever in U. S. Anmed Farces? (16s,no or unknown) [If yes, give wor or dotes of service]  15. SOCIAL SECURITY NO. 215-07-8709  18. 3		er	Anna Weiskerb			llahan	Peter Ca
Unknown  215-07-8709  Jenkins Memorial Hospital 1000 Ca  APPR SETIVE  LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foilure, ostherid, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SENTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SENTING PROPERTY OR CONDITION SENTING PROPERTY OR CONDITION SENTING PROPERTY OR CONDITION SENTING PROPERTY OR CONDITION SENTING PROPERTY OR CONDITION SENTING PROPERTY OF INJURY (e.g., in or obout 21C, WHERE DID OR CONTRIBUTING CONTRIBUTING OF INJURY (e.g., in or obout 21C, WHERE DID OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21. THE MONTH OF THE TERMINAL DISEASE OR CONDITION SENTING PROPERTY OF INJURY OCCUR?  OF INJURY (APPROX.)  22. L certify that (A) (this hospital) attended the deceased from that (A) (We) (did) (Heart) view the body after death.  23. EVALUATED TO THE TERMINAL DISEASE OF DEATH (mostly medical examiner)  A Work A WORK A CONSEQUENCE OF:  (A) IMMEDIATE CAUSE  (B) DUE TO OR AS A CONSEQUENCE OF:  (B) DUE TO OR AS	DDRESS				ces?	Ever in U. S. Armed For	5. Was Deceased
CAUSE OF DEATH	Caton Arra	el Hospital loon	Jenking Mamari			(It yes, give wor or dote	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (IThis does not meen the mode of dying, e.g., heart foilure, astheria, etc. II means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last.  (C).  OTHE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART DISEASE OR CONDITION GIVEN IN PART DISEASE OR CONDITION GIVEN IN PART DISEASE OR CONDITION GIVEN IN PART DISEASE OR CONDITION GIVEN IN PART DISEASE OR CONDITION GIVEN IN PART DISEASE OR CONDITION GIVEN IN PART DISEASE OR CONDITION GIVEN IN PART DISEASE OR CONDITION GIVEN IN PART DISEASE OR CONDITION GIVEN IN PART DISEASE OR CONDITION GIVEN IN PART DISEASE OR CONDITION GIVEN IN PART DISEASE OR CONDITION GIVEN IN PART DISEASE OR CONDITION GIVEN IN PART DISEASE OR CONDITION GIVEN IN PART DISEASE OR CONDITION GIVEN IN PART DISEASE OR CONDITION GIVEN IN PART DISEASE OR CONTRIBUTING COUSES OF DEATH OR CONTRIBUTION CAUSE OF DEATH CONTRIBUTION COUSES OF DEATH OR COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION COUNTRIBUTION CO	PPROXIMATE INTERV		oenvins Lemoli			A 1	18 / つ /
218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (if in 80thimare City, give exoct home, form, foctory, street, office bidg., INJURY OCCUR?  DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED  OF INJURY (APPROX.)  While At Nort While (Art Work)  22. I certify that (f) (this hospital) attended the deceased from 19 (F) (our) opinion death account on the courses stated above. (H) (We) (did) (did not) view the body after death.  23C. PHYSICIAN'S  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (if in 80thimare City, give exact place in the city of city place in the city of city place in the city of city place in the city of city place in the city of city place in the city of city place in the city of city place in the city of city place in the city of city place in the city of city place in the city of city place in the city of city place in the city place in the city of city place in the city of city place in the city of city place in the city of city place in the city of city place in the city of city place in the city of city place in the city of city place in the city of city place in the city of city place in the city of city place in the city of city place in the city of city place in the city of city place in the city of	3 whs	sculor des.	CONSEQUENCE OF:		the disease, death.)	at mean the mode of asthenia, etc. II means plication which caused ANTECEDENT CAUSES  R CONDITIONS, if abave cause (A)	(This daes in heart failure, injury or com
21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?  PEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED  While A1 Not While   Not While   Not While   Not While   Not Work   N	years				HE TERMINAL	II CANT CONDITIONS CO H BUT NOT RELATED TO THE	UNDERLYING OTHER SIGNIF
DEATH (notify medical examiner)    Comparison of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of th	-	208. IF YES, WERE FINDINGS	SCUD	/	HE TERMINAL T 1 (A). DITION FOR W	II ICANT CONDITIONS CO H BUT NOT RELATED TO TI ONDITION GIVEN IN PAR OPERATION 1798. CON	O THER STGNIF TO THE DEAT
21D. TIME (Month) (Doy) (Year) (Hown) 21E. INJURY OCCURRED While At Work 22. I certify that (M) (this haspital) attended the deceased from that (M) (we) lost sow the deceased above. (H) (We) (did) (did not) view the body after death.  22AD. ADDRESS 22AD. ADDRESS 22AD. ADDRESS 21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  At Work  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  At Work  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  At Work  22F. HOW DID INJURY OCCUR?	ONSIDERED ATH?		SCUD  20A. AUTOPSY? (Yes or No)	VHICH OPERATION	HE TERMINAL T 1 (A). DITION FOR W FORMED	CANTONDITIONS CO H BUT NOT RELATED TO TO DODITION GIVEN IN PAR OPERATION 179B. CON WAS PERI	UNDERLYING  OTHER STIGNIF  TO THE DEAT  DISEASE OR CO  19 A. DATE OF
OF INJURY (APPROX.)  While Al  Not While At Work  22. I certify that M (this hospital) attended the deceased from 19 Med.  23. I certify that M (this hospital) attended the deceased from 19 Med.  23. I certify that M (this hospital) attended the deceased from 19 Med.  23. I certify that M (this hospital) attended the deceased from 19 Med.  23. I certify that M (this hospital) attended the deceased from 19 Med.  23. I certify that M (this hospital) attended the deceased from 19 Med.  23. I certify that M (this hospital) attended the deceased from 19 Med.  23. I certify that M (this hospital) attended the deceased from 19 Med.  23. I certify that M (this hospital) attended the deceased from 19 Med.  23. I certify that M (this hospital) attended the deceased from 19 Med.  23. I certify that M (this hospital) attended the deceased from 19 Med.  23. I certify that M (this hospital) attended the deceased from 19 Med.  23. I certify that M (this hospital) attended the deceased from 19 Med.  23. I certify that M (this hospital) attended the deceased from 19 Med.  23. I certify that M (this hospital) attended the deceased from 19 Med.  23. I certify that M (this hospital) attended the deceased from 19 Med.  23. I certify that M (this hospital) attended the deceased from 19 Med.  23. I certify that M (this hospital) attended the deceased from 19 Med.  23. I certify that M (this hospital) attended the deceased from 19 Med.  23. I certify that M (this hospital) attended the deceased from 19 Med.  23. I certify that M (this hospital) attended the deceased from 19 Med.  23. I certify that M (this hospital) attended the deceased from 19 Med.  23. I certify that M (this hospital) attended the deceased from 19 Med.  23. I certify that M (this hospital) attended the deceased from 19 Med.  23. I certify that M (this hospital) attended the deceased from 19 Med.  23. I certify that M (this hospital) attended the deceased from 19 Med.  23. I certify that M (this hospital) attended the deceased from 19 Med.  23. I certify that M (thi	ONSIDERED ATH?		SCUD  20A. AUTOPSY? (Yes or No) or obout  21C. WHERE DID	WHICH OPERATION	HE TERMINAL T 1 (A). DITION FOR W FORMED  21 B, home	II  ICANT CONDITIONS CO  H BUT NOT RELATED TO TO  DODITION GIVEN IN PAR  OPERATION 19-B., CON  WAS PERI  IT WAS UNDERLYING  TING CAUSE OF	UNDERLYING  OTHER SIGNIF TO THE DEATH DISEASE OR CO 19A-DATE OF  OR CONTRIBUTION
22. I certify that M (this haspital) attended the deceased from  that (W (we) lost sow the deceased alive on	ONSIDERED ATH?	(If in 8oftimare City, give	Or obout 21C. WHERE DID to bldg., INJURY OCCUR?	PLACE OF INJURY (e.g., i	HE TERMINAL T 1 (A). DITION FOR W FORMED  21 B, home etc.)	CANTONDITIONS CO H BUT NOT RELATED TO 1: DNDITION GIVEN IN PAR OPERATION 179B. CON WAS PERI IT WAS UNDERLYING TING CAUSE OF medicol exominer)	UNDERLYING  OTHER SIGNIF TO THE DEAT TO THE DEAT DISEASE OR CO 19 A. DATE OF  21 A. ACCIDEN OR CONTRIBU DEATH (notify)
that (# (we) lost sow the deceased alive on	ONSIDERED ATH?	(If in 8oftimare City, give	20A. AUTOPSY? (Yes or No) or obout 21C. WHERE DID in JURY OCCUR?	PLACE OF INJURY (e.g., i	HE TERMINAL T 1 (A). DITION FOR W FORMED  218. home etc.)  (Hour) 21E. Whil	CANTONDITIONS CO H BUT NOT RELATED TO 1: DNDITION GIVEN IN PAR OPERATION 179B. CON WAS PERI IT WAS UNDERLYING TING CAUSE OF medicol exominer)	UNDERLYING  OTHER SIGNIF TO THE DEAT DISEASE OR CO 19.A. DATE OF OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY
ond hour and from the causes stated above. (#) (We) (did) (did not) view the body after death.  23A. SIGNATURE  Attending Med. Staff Phys.	DNSIDERED ATH?	(If in 80ttimare City, give	20A. AUTOPSY? (Yes or No) or obout 21C. WHERE DID te bldg., INJURY OCCUR?	PLACE OF INJURY (e.g., i e, form, foctory, street, of  INJURY OCCURRED  Le At Not Whil k Nork	HE TERMINAL T 1 (A). DITION FOR W. FORMED  218. home etc.)  (Hour) 21E. Whil	CANTONDITIONS CO H BUT NOT RELATED TO 1: ONDITION GIVEN IN PAR OPERATION 179B. CON WAS PERI IT WAS UNDERLYING TING CAUSE OF medicol exominer)  (Month) (Doy) (Year)	UNDERLYING  OTHER SIGNIF TO THE DEAT DISEASE OR CO 19 A. DATE OF  21 A. ACCIDEN OR CONTRIBU DEATH (notify) 21 D. TIME OF INJURY (APPROX.)
23A. SIGNATURE  Attending Med. Staff Director Phys.   23B. DATE SIGN  23C. PHYSICIAN'S   22D. ADDRESS   22B. ADDRESS   23B. DATE SIGN  24B. DATE SIGN  25B. DA	DNSIDERED ATH?	(If in Soltimare City, give	20A. AUTOPSY? (Yes or No) or obout 21C. WHERE DID ebidg., INJURY OCCUR?	PLACE OF INJURY (e.g., i e, form, foctory, street, of  INJURY OCCURRED le At Not Whil k At Work ne deceased from	HE TERMINAL T 1 (A). DITION FOR W FORMED  21B. home etc.)  (Hour) 21E. Whill Work ) ottended th	CANTCONDITIONS CO H BUT NOT RELATED TO TO DNDITION GIVEN IN PAR OPERATION 179B. CON WAS PERI IT WAS UNDERLYING TING CAUSE OF medicol exominer)  (Month) (Doy) (Year)	UNDERLYING  OTHER SIGNIF TO THE DEATH DISEASE OR CO 19A-DATE OF OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.)  22. 1 certify
Rayword Staden DEGREE Phys. Director Phys.   11/2  23C. PHYSICIAN'S   22D. ADDRESS	DISIDERED ATH?	(If in Soltimare City, give	20A. AUTOPSY? (Yes or No) or obout 21C. WHERE DID ne bidg., INJURY OCCUR? 21F. HOW DID INJU	PLACE OF INJURY (e.g., i e, form, foctory, street, of injury occurred Not While Al Work at Work and deceased from	HE TERMINAL T 1 (A). DITION FOR W FORMED  218. home etc.)  (Hour) 21E. Whill Work ) ottended th	CANTCONDITIONS CO H BUT NOT RELATED TO TO DNDITION GIVEN IN PAR OPERATION 179B. CON WAS PERI TING CAUSE OF medicol exominer)  (Month) (Doy) (Year)  thot (1) (this hospitol lost sow the deceose	UNDERLYING  OTHER STGNIF TO THE DEAT DISEASE OR CO DISEASE OR CO OR CONTRIBU DEATH (notify)  21D. TIME OF INJURY (APPROX.)  22. 1 certify thot (**)(we)
23C. PHYSICIAR'S	ONSIDERED ATH?  xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	(If in 80ttimare City, give URY OCCUR?  9 (2.5 to	20A. AUTOPSY? (Yes or No) or obout 21C. WHERE DID ne bidg., INJURY OCCUR? 21F. HOW DID INJU	PLACE OF INJURY (e.g., i e, form, foctory, street, of injury occurred Not While Al Work at Work and deceased from	HE TERMINAL T 1 (A). DITION FOR W FORMED  218. home etc.)  (Hour) 21E. Whill Work ) ottended th	CANTCONDITIONS CO H BUT NOT RELATED TO TO DNDITION GIVEN IN PAR OPERATION 19B. CON WAS PERI TING CAUSE OF medicol exominer)  (Month) (Doy) (Year)  that #) (this haspital lost sow the decease	UNDERLYING  OTHER SIGNIF TO THE DEAT DISEASE OR CO 19A. DATE OF OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.)  22. I certify that (**) (we) and hour and
DECOSES Vailey Choling Choling	ONSIDERED ATH?  xoct locotion)  CONTROL OF THE STIGNED	(If in Softimare City, give  URY OCCUR?  9	20A. AUTOPSY? (Yes or No) or obout 21C. WHERE DID or bldg., INJURY OCCUR?  21F. HOW DID INJU  21F. HOW determined that the body after deoth.	PLACE OF INJURY (e.g., i e, form, foctory, street, of INJURY OCCURRED  INJURY OCCURRED  Not While At Work  Me deceased from	HE TERMINAL T 1 (A). DITION FOR W FORMED  218. home etc.)  (Hour) 21E. Whill Work ) ottended th	CANTCONDITIONS CO H BUT NOT RELATED TO TO DNDITION GIVEN IN PAR OPERATION 179B. CON WAS PERI IT WAS UNDERLYING TING CAUSE OF medicol exominer)  (Month) (Doy) (Year)  that M) (this haspital lost sow the decease from the causes state  RE	UNDERLYING  OTHER SIGNIF TO THE DEAT DISEASE OR CO. 19.A. DATE OF  21A. ACCIDEN OR CONTRIBU DEATH (notify)  21D. TIME OF INJURY (APPROX.)  22. I certify that (**) (we) and hour and 23A. SIGNATU
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or coun	ONSIDERED ATH?  Exect lacotion	(If in Softimare City, give  URY OCCUR?  9	20A. AUTOPSY? (Yes or No) or obout 21C. WHERE DID or bldg., INJURY OCCUR?  21F. HOW DID INJU  21F. HOW determined that the body after deoth.	PLACE OF INJURY (e.g., i e., form, foctory, street, of INJURY OCCURRED  INJURY OCCURRED  Not While At Work  Me deceased from  Wee) (did) (did not) v	HE TERMINAL T 1 (A). DITION FOR W FORMED  218. home etc.)  (Hour) 21E. Whill Work ) ottended th	CANTCONDITIONS CO H BUT NOT RELATED TO TO DNDITION GIVEN IN PAR OPERATION 19B. COM WAS PERI IT WAS UNDERLYING TING CAUSE OF medicol exominer)  (Month) (Doy) (Year)  that M) (this haspital lost sow the decease from the causes state  RE  Representations COM RE RE Representations COM RE RE Representations COM RE RE Representations COM RE RE Representations COM RE RE Representations COM RE RE Representations COM RE RE Representations COM RE RE Representations COM RE RE Representations COM RE RE Representations COM RE RE Representations COM RE RE Representations COM RE RE Representations COM RE RE Representations COM RE RE Representations COM RE RE Representations COM RE RE Representations COM RE Representations COM RE RE Representations COM RE RE Representations COM RE RE Representations COM RE RE RE RE RE RE RE RE RE RE RE RE RE	UNDERLYING  OTHER SIGNIF TO THE DEAT DISEASE OR CO 19A. DATE OF OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.)  22. 1 certify that (**(we)) and hour and 23A. SIGNATU
BURSAL W. 1-1969 NEW CATHED RAL 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR A	ENSIDERED ATH?  EXECUTE A CONTROL OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	(If in Softimare City, give  URY OCCUR?  9 (F) to	20A. AUTOPSY? (Yes or No)  or obout 21C. WHERE DID  in JURY OCCUR?  21F. HOW DID INJU  21F. HOW did inju  27 19 68 and that  we the body after deoth.  ding Med. Director  P. ADDRESS  Dauley Caway	PLACE OF INJURY (e.g., in the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro	HE TERMINAL T 1 (A). DITION FOR W FORMED  218. home etc.)  (Hour) 21E. Whil Work ) ottended the d clive on	CANTONDITIONS CO H BUT NOT RELATED TO TO DNDITION GIVEN IN PAR OPERATION 179B. CON WAS PERI TING CAUSE OF medical examiner)  (Month) (Doy) (Year)  that M) (this haspital lost sow the decease from the causes state RE RE ROY MATION, 124B. DATE	UNDERLYING  OTHER SIGNIF TO THE DEAT TO THE DEAT DISEASE OR CO 19 A. DATE OF  21 A. ACCIDEN OR CONTRIBU DEATH (notify)  21 D. TIME (APPROX.)  22. I certify that (**) (we) and hour and 23 A. SIGNATU  23 C. PHYSICIA NAME (T)

rendermales medical

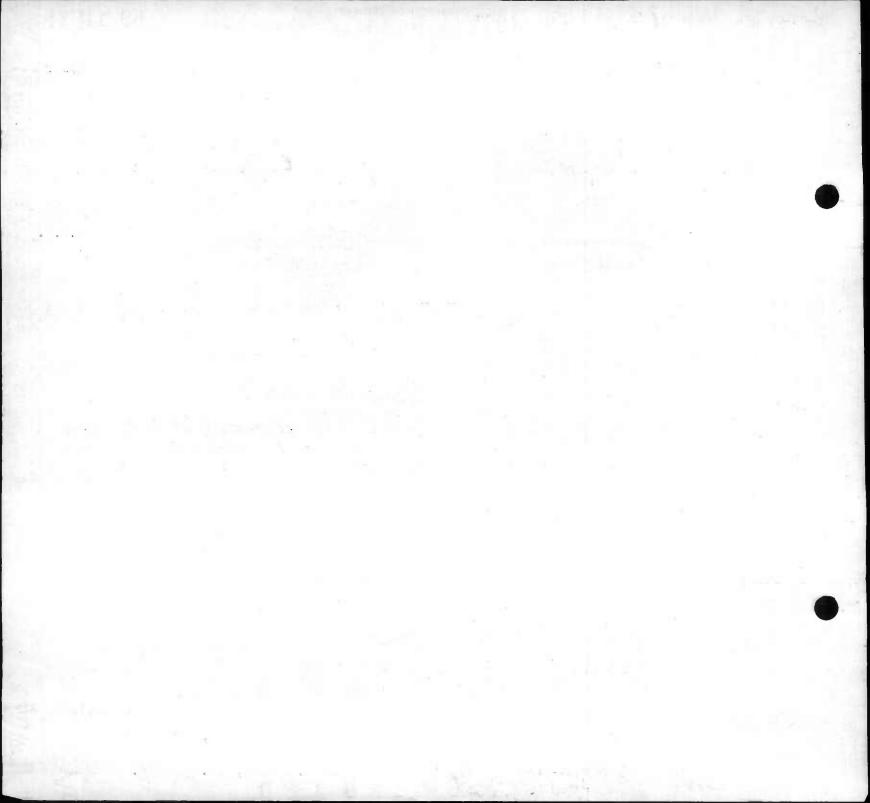
-11	A/ JAO BALTIMORE CITY	HEALTH DEPARTMENT
	BIRTH NO. 69 11932 CERTIFICA	KQ 44000
	I NIAME OF COMMAND	TE OF DEATH
	(Type or Point)  NEWHAL, EVANGELINE	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	NOV. 30, 1969 1 28 P.M.  4. USUAL RESIDENCE (Where deceased lived. If histitution: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND. U.SA. Ballow.
	HOSPITAL OR ADDRESS OR LOCATIONS	C. CITY OR TOWN D. INSIDE CITY LIMITS?
II.	UNION MEMORIAL HOSPITAL	LUTHERVILLE YES NO X
	44	E. STREET AND NUMBER
	5. SEX 6. RACE White 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 19. AGE (in years   If Under ) Ye. If Under 24 His.
	Femal AMERICAN WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A. USUAL O CCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
	None	Washington, D. C. U.S.A.
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Captain Asa Townsend Abbott	Frances Victoria Cross
	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or doles of service) SEQUEITY NO.	17. INFORMANT: SON Balto.Co., Md.21117
	No Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Ser	Charles W. Newhall, Jr. Caves Rd. Owings Mills
	DISEASE OF CONDITION DIRECTLY	APPROXIMATE INTERVAL
	LEADING TO DEATH	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
	(This does not mean the mode of dying, e.g. (A) IMMEDIATE CAU	A CONSEQUENCE OF:
	heart failure, asthenia, etc. It means the diseases injury or complication which caused death.)	, O The deliver of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second
	ANTECEDENT CAUSES	*
	DISEASES OR CONDITIONS, if any, gives	A CONSEQUENCE OF:
	rise to the above cause (A) stoting the UNDERLYING CONDITION last.	
	II Evac	tive of Right His
-	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	1111
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	[20A-AUTOPSY2 (Yes of No.)] 20B. (F YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED	20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
11	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID (If in Boltimore City, give exect location)
-111		M. IL
	OF INTINE (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	(APPROX.) 11 22/69 White At Work	Feel at mersung home
	22. I certify that (I) (this heapital) attended the deceased from	11/22 19 10 11/00 1969
		30 19 65 and that In(my) (em) epinion deoth occurred on the date
	ond haur ond from the couses stated obove. (1) (We) (did) (did not) vi 23A. SIGNATURE	
$\parallel$		ading Med. Staff
		Director Phys. L 20 69
	PHYSICIAN'S PAME IT OF THE PROPERTY OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT OF THE PAME IT	115 0 0 10 22
2	44- BURIAL GREMATION, 248- DATE 24C. NAME of CEMETERY OF CRE	- Lough Store . Lister and a
		Rice County
2	Burial   12/3/69   Maple Lawn Ceme 5A. DATE REC'D BY HEALTH DEPT.   258. NAME OF REGISTRAR	etery Faribault, Minnesota  25C. FUNERAL DIRECTOR ADDRESS
	DEC 3 1969 03508 & Maddley 4530 0 0	Stevart & Moden Co. 108 W. NorthAv. 21201
V	\$ 150-REV, 1/1/68	

at tupin to make this

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

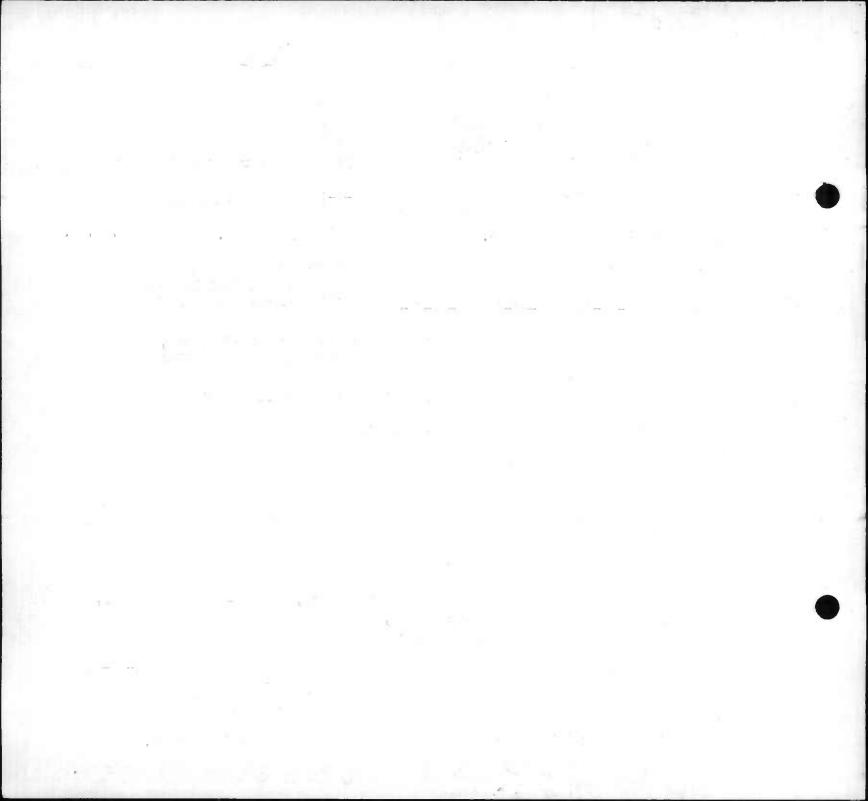
N-242 69 11933 BALTIMORE CITY HEALTH DEPARTMENT	00 44000
OF 11933 CERTIFICATE OF DEATH X Registered No.	69 11933
M.E. CASE NO.  1. NAME OF DECEASED  2. DATE AND HOUR OF DEATH	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If in	1:35 A.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceosed lived, If in A. STATE  B. COUNTY	stitution: residence before odmission)
Maryland General Hospital West. Va, Upskur Co	unty 1-45
C. CITY OR TOWN (If outside city limits, write I	RURAL and give township)
1-20-70 French Chaek  D. STREET ADDRESS (If rurol, give location)	
40	- Rt. #2
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years widowed, DIVORCED (specify)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male Caccasian Married 4-4-92 77  10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)	
done during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
Railroad Workey Railroad West Vec.	USA.
13. FATHER'S NAME	
Dennis Nicholas Martha S. Ballah	
TS, Was Deceased Ever in U. S. Armed Forces?  (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	ADDRESS
Unknown 205-03-8560 pt.	
18. 7 9 7. 8 1 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g.,  (A) COCCHOYNO OT THE CLOCK	
heort failure, osthenio, etc. It meons the diseose, injury or camplicolion which coused death.)	
ANTECEDENT CAUSES (B)	######################################
DISEASES OR CONDITIONS, if any, giving	
rise to the above cause (A) stating the (C)	
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore form, foctory, street, office bldg., INJURY OCCUR?	e City, give exoct locotion)
DEATH (notify medical examiner)	
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
While At Not While Work	
22. I certify that (I) (this hospital) attended the deceased fram	19
that (1) (we) last saw the deceased alive an	nian death accurred an the date
and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.	
23A. SIGNATURE	23B, DATE SIGNED
M.D. Attending Med. Stoff Phys. Director Stoff Phys.	
23C. PHISICIAN'S NAME (Type)  ALTIC TARREST 23D. ADDRESS	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (C	ity, town, or county) (State)
REMOVAL (Specify) 12-2-69 MACH PETAL MESTON	10/1/4
254. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
MET 9 1000 BEBE Jabon Mile Higinbottom-Slack	Elliott C.y, md.
	21043

V.S. 153



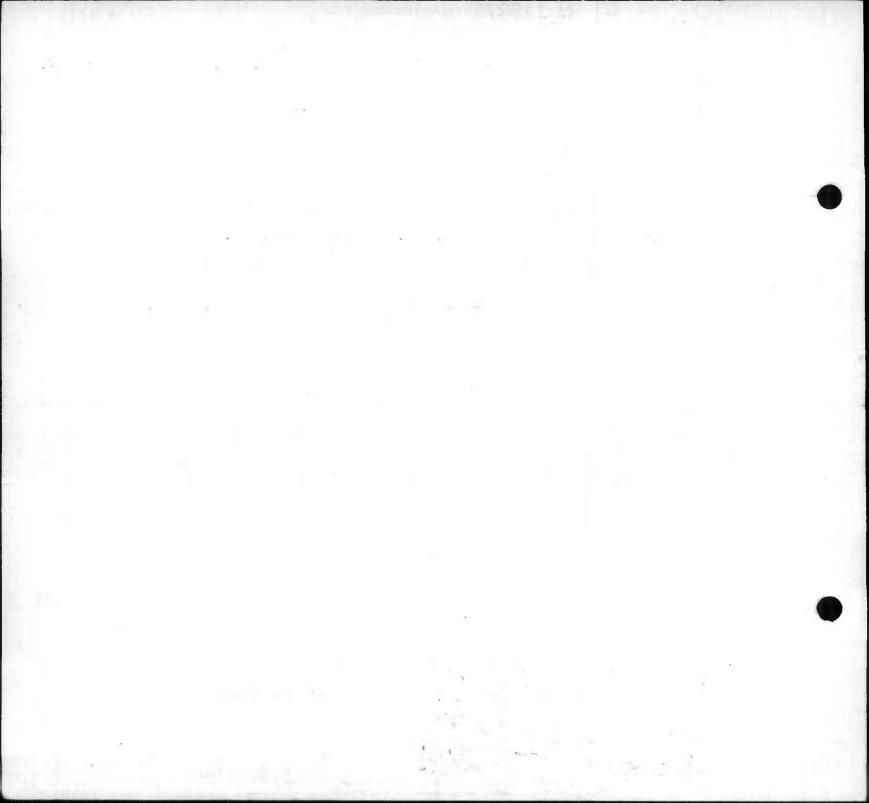
o sen	$\parallel /$	11-2	10 00	44000	BALTIMORE CIT	Y HEALTH DEPARTMENT		69 11935
70 g 7 g	BIR	TH NO.	05	11332	CERTIFICA	TE OF DEATH	REG. NO	20 77000
death death seased in the Such	1.1	PAME OF DE	CEASED				AND HOUR OF DEATH	
			Minnie	McEvox	/	Nove	MBER 30, 19	169 5:40 Am.
hospital ise of c (5) Dece ance or death.	3.	PLACE IN BA	LTIMORE, MARYLAND,	WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (WI A. STATE B. COU	rese deceased lived if in	stitution: residence before admission
hospi Ise o (5) D ance deat	FU HC	LL NAME OF	(IF NOT IN HOSI	MIAL OR INSTITUTE	ON, GIVE STREET	MARYLAND		2610
in a he g caus ause; (i ittenda	IN	STITUTION	Baltimore C			C.CITY OR TOWN Baltimore	D. INSI	DE CITY LIMITS?
ng cau	1	3/	4940 Easter	-		E. STREET AND NUMBER		YES NO Say
0			Baltimore, M	aryland	21224	317 South Eas	t Avenue	21224
1200 P	5. 5		6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
occurre ontribut ermined regular sased p	11	'emale	WHITE	WIDOWED K	DIVORCED [	10-2-1892	lost birthdoy 77	Months Doys Hours Min.
E 0 # _ 0 E	don	USUAL OCC	UPATION (Give kind of w working life, even if retired	ork 108, KIND OF BU	ISINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
or nd de itio		House	sewife			Md.		U.SA
if deect of the mass was the the spositions	13.	FATHER'S NA	ME 6 3/			14. MOTHER'S MAIDEN NA	AME	
		Kan	les Me	gold		-		
	15. (Ye:	Wos Deceased s, no or unknown	Ever in U. S. Armed I	otes of sorvicel	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		NO		21	4-26-5024-A	Records:BCH-49	40 Eastern A	venue 21224
Bit Cader		18.	2.41		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Also, e of a nounce attended a		DISEA	SE OR CONDITION I			2	- 1 1	
2 <b>4</b> 5 5 <u>2</u> E		(This does	nol mean the made	of dving. e.g.	(A) IMMEDIATE CAL	ISE PROBABLE PULM A CONSEQUENCE OF:	ON ARY Embolus	14 HR.
fracture pron		injury or con	asthenia, etc. It mean	ns the disease, ad death.)	562 10, OK 76	A CONSEQUENCE OF.		
			ANTECEDENT CAUSI	S	CERCARO	VASCULAD A.C.	N E AIT	6 mos.
Xan A A Wh		DISEASES (	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	B F-70 7	9 17105.
(3) (3) s a s		UNDERLYING	e above cause (A G CONDITION last	) slaling the	10) ARTERIOSC	LERGTIC CHIEDION	ASCULAR DISE	ASE VEARS
edical lical prns; sicia was main			11		· -/		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
4 U 3 A A	ATION	LIO THE DEAT	CANT CONDITIONS C	THE TEDMINIAL				11
E 0 B		DISEASE OR C	ONDITION GIVEN IN PA	ART 1 (A).	CH OPERATION	120A. AllyOBEV2/Var. o. A	loll 208 is yes west	INDINGS CONSIDERS
chief a n Body the n ysicie	CERTIFIC	2 -	OPERATION 198. CO	RFORMED		20A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	ISES OF DEATH?
	1 - 1	21 A. ACCIDE	NT WAS UNDERLYING	21 B. PL	CE OF INJURY (e.g., i	n or obout 21 C. WHERE DID		City, give exoci location)
No No	131	DEATH (notity	medical examiner	etc.)	oning rocioty, sueet, of	men pings indokt OCCOR?	-	
hospita ature; pt whe (6) No ined be	MEDI	21 D. TIME OF INJURY	(Month) (Doy) (Yeo		IURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2	(APPROX.)	***	While A Work	Not While At Work	• 🗆		
sproved by the hospi any nature (except w and (6) h		22. I certify	that (1) (this hospit	attended the	leceased fram M	9× 7,	19 69 to Nevi	MBER 30 19 69
1100000		that(I)(ye)	last sow the deceas	sed alive an A	OVEMBER 2	9 19 69 and t	hat in (my) (our) opin	Ian death accurred on the date
assed to dent of ospital death) nust be		and hour and	from the causes st	ated abave (1) (4	(6) (did) (did not) v	lew the bady after death.		
3 4 0 5 - 1		23A. SIGNATU	Dun VI	Counell	M.D. Atte			23B, DATE SIGNED
		Much	- 7	counter	DEGREE Phys		Staff Phys.	NOVEMBER 30, 1969
was r An a L at c prior		23C. PHYSICIA NAME (T				23D. ADDRESS Balti	imore City Ho	spitals
A.A.	244		chael M. Mc		DEGREE	4940 Eastern Av	venue, Balt <b>imo</b>	re,Maryland 21224
body w vs: (1) / D.O.A.	1	REMOVAL (	M A A B	10 H	of CEMETERY OF CRE		// 4	, lown, or county) (Stole)
This certificate m the body was rel shows: (1) An acc was D.O.A. at a deceased prior to	25A	DATE REC'D	AY-HEACHADEN O	G 7 Ward	lens of Fa		Palto.	Ma.
This the bashow was dece writt	DE	C3 19	09 00 Belo -	And Asia	L'ISTRAK	25C, FUNERAL DIRECTO	Hoffman.	2018 Hudswit
	VS	150-REV. 1/1/	68	9 5	9-0-3	which he	3.00	

1	RIDA			EALTH DEPARTMENT	X No	69 11936
-00-E	BIRTH NO.	69 11936	CERTIFICATI	E OF DEATH	REG. NO	
of death of death Deceosed e on the ath. Such	Type or Print) REEVES	, Charles Ernest			-69	1:30 P M
of of Dec e o	3. PLACE IN BALTIMORE, MARY	*	DEAD 4.	USUAL RESIDENCE (Where	deceosed lived. If instit	tution: residence before admission)
hosp ise (5) onc dec	FULL NAME OF (IF NOT INC.) HOSPITAL OR ADDRESS INSTITUTION TO TO THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY	N HOSPITAL OR INSTITUTION, OR LOCATION)	GIVE STREET	Maryland Balta, 5300		
a h caus se; ( endo to o	Veterans	Administration I	lospital	Baltimore		ES NO
- 7 .	After the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	Raven Boulevard	116.	STREET AND NUMBER		
red in uting ed cou ar off prior de.		, Maryland 21218		9516 Powder Ha		owderhorn Lane)
	5. SEX 6. RACE	7. MARRIED NE	EK MAKKIED	le le	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
occur ontrik ermin regul eased is mo	Male Caucasi			9-6-19	50	12. CITIZEN OF WHAT COUNTRY?
in econom	done during most of working life, even	if retired)				
dea Unc as as	Book Keeper	Ret.		Sewickley Per	nna.	U. S. A.
if d ect (4) U way the spos	Farney Reeves			Margaret Kean		
di di, (di	5. Was Deceased Eyer in U. S.		CIAL 17.	INFORMANT VA HOS	nital Record	e ADDRESS
ssistan the d kind; deati nce or	Yes, no or unknown) (If yes, give v Yes 6-11-42	2 to 9-21-45 172-		Baltimore, Mar	yland 21218	D
~ ~ ~ D D .	1B. 1		AUSE OF DEATH			APPROXIMATE INTERVAL
f o, o	DISEASE OR CONDI		Diabetes M	Mellitus with R	etinonathy.	BETWEEN ONSET AND DEATH
Als Als nou off	(This does not meon the		(A) IMMEDIATE CAUSE	Neuropathy and	Nephopathy	
D O L B	heart lailure, asthenia, etc.	It meons the diseose,	DUE TO, OK AS A C	ONSEQUENCE OF:		
35 835	ANTECEDENT	CAUSES	Chronic E	Brain Syndrome	with CVA	
Xomi A fr who reg	DISEASES OR CONDITIO	NS, if ony, giving	DUE TO, OR AS A	CONSEQUENCE OF:		
e (3)	rise to the obove co-	use (A) stoting the	Pneumonia	l .		
dical lical rns; sicio wos	_					
edic burr burr hysi n w	OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL DISEASE OR CONDITION GIV	IONS CONTRIBUTING ATED TO THE TERMINAL				
dy l		EN IN PART 1 (A). 198. CONDITION FOR WHICH	OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	DINGS CONSIDERED
chi Bod the the ysi	19A. DATE OF OPERATION	WAS PERFORMED		No	IN CERTIFYING CAUSI	ES OF DEATH?
the old by (2) ere o ph	O 21 A. ACCIDENT WAS UNDI	RLYING 21B. PLACE	OF INJURY (e.g., in or foctory, street, office	obout 21 C. WHERE DID bldg., INJURY OCCUR?	(If in Baltimore C	City, give exact location)
by the re; (whe No	DEATH (notify medical exami					
otur pt v (6)	F OF INJURY	(Yeor) (Hour) 21E. INJUR While At p	Y OCCURRED  Not While	21F. HOW DID INJU	RY OCCUR?	
2 0 0 0	(APPROX)	Work L	At Work L	1 10	70 17	1 00 /0
Pa C X B G		hospital) attended the dec			68 to Novem	
b 5 5 6 6 6 b 6 6 6 6 6 6 6 6 6 6 6 6 6					t in in (v) (our) opinio	an death accurred an the date
eased to ident of hospital o deoth)	23A. SIGNATURE	uses stated abave. 🥻 (We)	(did) (dig met) viev	v the bady after death.	12	3B, DATE SIGNED
2 2 2 6 5	messen	ell	Attendis Phys.	Med. Director	Staff Phys.	11-29-69
0 0 5 5	23C. PHYSICIAN'S NAME (Type)		DECKEE		h Raven Boul	
wos r wos r An o A at c prior	GWENDOLYN JEWI	SLL	MD		e, Maryland	
* 0 7 7			CEMETERY OF CREMA			town, or county) (State)
bod bod Vs: D.C		2/3/69 Sewick:	Ley Cem	Sewi	ckley Penna	•
This certif the body shows: (1) was D.O. deceosed written a	25A. DATE REC'D BY HEALTH D	EPT. 25B. NAME OF REGI		25C. FUNERAL DIRECTOR		ADDRESS
F = 2 3 0 3	DEC 9 1239 150	Les & Vaiden Mily	600	Lassahn Funera	T Home (401)	persit kd.



cause of death use; (5) Deceased tendance on the	r to death. Such
if death occurred irect or contributing (4) Undetermined or the base of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contributi	n the deceased priolisposition is made.
this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased to D. A.	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
by a medical exan 2) Body burns; (3) A	physician was in refore the remains are
ased to the hospital dent of any nature.	death); and (6) No must be obtained be
his certificate muhe body was reletions: (1) An accidental bows: (2)	leceased prior to

9	3-65	0 69 3	1193		HEALTH DEPARTMENT	REG. NO. 6	9 11937
BIR	H NO.			CERTIFICA	TE OF DEATH		
	AME OF DECE		FRANC	CIS BROWN	Nov	. 29, 1969	11:30 <b>A.</b> M.
3. I	LACE IN BALT	IMORE, MARYLAND, W	HERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived, If institutio	n: residence before admission)
HO	LL NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INST	ITUTION, GIVE STREET	Md., 21	206 D. INSIDE CIT	
O	0	4371 Shamro	ck Av	renue	Baltimore E. STREET AND NUMBER 4371 Shamr	ock Avenue	X NO L
5. S	EX	6. RACE	7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH		nder 1 Yr., If Under 24 Hrs.
	male	white	WIDOWE		12/16/90	78	hs Doys Hours Min.
		vorking lile, even if retired)	TOB. KIND	DI BOSINESS OK INDOSIKI	TI. BIKITI CACE (Sigle of for	eigh coomy	SHIZER OF WHAT COUNTRY:
	Watch	man	Henry	Bldg. Co.	Baltimore,	Md.	
13.	FATHER'S NAM	AE			14. MOTHER'S MAIDEN NA	AME	
		George Bro	wn		Amelia Fi	.nk	
5. Yes	Was Deceased , no or unknown)	Ever in U. S. Armed For (If yes, give wor or dole	ces? s of service		17. INFORMANT		ADDRESS
			21	.3-05-2178	Anna Belle	Brown, wife,	above
	(This daes n hearl failure, injury ar cam	E OR CONDITION DIF LEADING TO DEATH al meon the made of asthenia, etc. II means plication which caused ANTECEDENT CAUSES	dying, e.g	е,	SE CEYCLY 1 V.	s cylor Accident y Jin-vəsadər discəs	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	rise to the	R CONDITIONS, if abave cause (A) CONDITION lost.		-	a consequence of:	1	lut years
	UNDERLTING			(c)	C1511374	1036 10 21 2	
CERTIFICATION	TO THE DEAT	II ICANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 179B. CON WAS PERI	T 1 (A).	chronic b	20A. AUTOPSY? (Yes or N		GS CONSIDERED DF DEATH?
	OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF	h	1B. PLACE OF INJURY (e.g., in ome, farm, foctory, street, of tc.)	n or obout 21C. WHERE DID injury OCCUR?	(If in Boltimore City,	give exact location
MEDICAL	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)	\ \	TE. INJURY OCCURRED  While At Not While At Work	21 F. HOW DID IN	JURY OCCUR?	
		that (1) (this haspital			Dec. 13	19 60 to New :	leath accurred on the date
	and haur and 23A. SIGNATU		Brid	V WY / U' Phys	nding Med.	23 B. (	Date signed Dec. 2, 1969
	23C. PHYSICIA NAME (T)	rs (pe) Leonard	Bril	DEGREE	23D. ADDRESS	oleman Avenue	, , , , ,
24/	REMOVAL	MATION, 24B. DATE	24C.	NAME of CEMETERY OF CRE	MATORY 24D.	LOCATION (City, tow	n, or county) (State)
	Burial	12/3/6	and the second second	Holy Redeemer		Baltimore, M	ld.
25 <i>A</i>	DEC 3	1969 Back	258 NAV	OF-REGISTRAR	Schimunek 3331 Bre	Funeral Home, hms Lane	Inc.
/S	150-REV. 1/1/6	8					



This certificate must be approved by the chief medical examiner or his assistant if death a bring and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	K-616	69 1	193	8	BALTIMORE CIT				REG. NO	69	11938
	RTH NO. NAME OF DECEAS										
(1)	pe or Print) BIR	BIRDIE	RER	KERB BER	ER (Nee MILI ED DEAD	ER.	1.	2-1-		<b>F</b> ·	4.15 A.M
3.	PLACE IN BALTIMO	ORE MARYLAND, W	HERE PR	ONOUNC	ED DEAD	A. STA	TE RESIDENCE	(Where	deceased lived, If i	nstitution:	residence before admission)
II H	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPITA	AL OR IN	OIIUTITES	N, GIVE STREET		OR TOWN	8	BALTI MOR	E CITY	21222 53/0
1							HALLHAKE	WH I	DUNDA LK	YES T	
3	CHURCH	HOME 3	HOZ	PITA			A RROW	BER		123	, NOLA
5.	SEX . 6. R	ACE	7. MARE	HED S	NEVER MARRIED	8. DAT	OF BINTH		AGE (In years	I If Und	ler 1 Yr. , If Under 24 His.
	FEMALE	STIHW	WIDON	WED	DIVORCED	3	- 19:599	las	70 ###	Months	Props Hours Min.
dor	A. USUAL OCCUPAT  no during most of working	ION (Give kind of working life, even if retired)	10B, KIN	OF BUS	INESS OR INDUSTR		THPLACE (State of			12. CI1	TIZEN OF WHAT COUNTRY?
	HOUSEWI	FE.				B	ALTIMO	RE	M.D.	A	MERICAN
13.	FATHER'S NAME						THER'S MAIDEN		*		
		UNK.				AN	ATA ATA	VIZE	R		
15.	Was Deceased Ever	in U. S. Armed Forces, give wor or dotes	es?	1 6.	SOCIAL		DRMANT				ADDRESS
11.0	s, no or unknown/ur y	es, give wor or dotes	of servi	- 1	SECURITY NO. -09-3050	HA	RRY W.	KERI	RER AS	IN #	ш. 1.
	18. 436	. 01			CAUSE OF DEA	H	TELLET AA .	TYLLI	DEIL RD	TIA	APPROXIMATE INTERVAL
	DISEASE O	R CONDITION DIR	ECTLY								BETWEEN ONSET AND DEATH
		DING TO DEATH			(A) IMMEDIATE CA	USE	C. '	V.A	*		
	heort lailure, asth	nean the made of enia, etc. It means	the dise	e.g., ase,	DUE TO, OR AS		QUENCE OF:		**************	********	
		lian which caused	death.)			2.1					
		CEDENT CAUSES			(B)	Hy	PERTENS	3(02			
	nise to the at	ONDITIONS, if a paye cause (A) ONDITION last,	ny, giv stating	ing the	(B)OUE TO, OR A	A CON	EQUENCE OF:				
	-	11			(0)				************		***************************************
ATION	ITO THE DEATH BU	T CONDITIONS CON T NOT RELATED TO TH TION GIVEN IN PART	E TERMIN	NG IAL	***************	+	*****				
ERTIFIC.	19A. DATE OF OPE	RATION 198. COND WAS PERFO	ITION F	OR WHIC	H OPERATION	20 A	AUTOPSY? (Yes	or No)	OB. IF YES, WERE	FINDING: USES OF	S CONSIDERED DEATH?
U	IOR CONTRIBUTING	AS UNDERLYING COLOR		home, for	CE OF INJURY (e.g.,	n or abou	121C. WHERE D	DID J R?	(If In Boltimor	e City, gir	ve exoct locotion)
ICAL	DEATH (notify medi	col exominer)		elc.)							
MEDI	21D. TIME (Mo	nth) (Doy) (Yeoil	(Hous)		URY OCCURRED		21F. HOW DIE	D INJUR	Y OCCUR?		
1	(APPROX.)			While At	Not Whi						
	22. I certify that	(I) (this hospital)	attende	d the de	eceased from	11	19-69	19	taf	2-1-	69 19
	1	saw the deceased			12-1-6	1	)an			nion dea	th occurred on the date
	and hour and fram	n the causes state	d above	. (I) (We	e) (did) (did nat)	lew the					
	23A. SIGNATURE		7		5					23B, DA	TE SIGNED
	Ko	lelio 9	2.0	Du	1 81.	inding [	Med.	Sta Phy	# 3		2-1-69
	23C. PHYSICIAN'S NAME (Type)	0000	1	1 1	PLOKEE	23D. ADI		/	//.	((	/ 2
24A	BURIAL CREMATI	ON, 24B, DATE	240	NAME	of CEMETERY of CR	EMATOR'	Celve 124	The LOCA	ATION ICI	ty. town	or countyl (Stote)
	BURTAT.	12-4-19	1		WOOD CEM			F	34 - 170		
25 A	DATE REC'D SY		58 NA		GISTRAR	A.C	JUNEVALIDADE	chin	Charle	) . , N	ADDRESS
VS	150-REV. 1/1/68	- Contractific communication			1 9 0	W .	CRROOKS	BKA	DLEY, DU	MDAI	K. MD.

11 L. IN/	H NO.			9 CERTIFICA	TE OF DE		HOUR OF DEATH	.1
(Тур	e or Print)	as Dani	el Ro	bertson		Nov	. 30, 1969	17:20 H
HO!	EKILFR	MARYLAND, WITH HOSPITA DRESS OR LOCA	AM	ENDED TION, GIVE STREET 1-19-1970	Marylan c. CITY OR TOW	nd 'N	Baltimor e	IDE CITY LIMITS?
1/2				Baltimore Woodlawn NES NO NO			NO NO	
4	2 SINAI HO	SPITAL			5221 Pe	mbroke	e Avenue	
5. SI	Male Whi	ite	WIDOWED		B. DATE OF BIRT	10	. AGE (In years ost birthdoy) 62	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
done	during most of working life Seaman		OB. KIND OF	BUSINESS OR INDUSTRY	San Dieg San Fran	o Co., cisco; (	Calif.	USA
13. F	FATHER'S NAME				14. MOTHER'S	AAIDEN NAM	I E	
1S. V (Yes	James Vas Deceased Ever in ,no or unknown) (If yes,	Robe U. S. Armed Forc give wor or dotes	ertson es? of service)	16. SOCIAL SECURITY NO.	-Uni	mown	Julia Car	ADDRESS
	-NO- Yes		4 /	52-28-6800	Annabell	e Robei	rtson-5221	Pembroke Ave.
ATION	ANTECE DISEASES OR CON rise to the obove UNDERLYING CONE OTHER SIGNIFICANT C TO THE DEATH BUT N DISEASE OR CONDITIO	e cause (A) DITION last,  II ONDITIONS CON OT RELATED TO TH DIN GIVEN IN PART	Stating the  ITRIBUTING E TERMINAL 1 (A).  DITION FOR V	(c)	A CONSEQUENC		208. IF YES, WERE	FINDINGS CONSIDERED
CERTIFIC	0 m	WAS PERF	DRMED				IN CERTIFYING CA	USES OF DEATH?
1 1	21 A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	UNDERLYING [] CAUSE OF exominer)	21 B. hom etc.)	PLACE OF INJURY (e.g., e, form, foctory, street, o	in or obout 21 C. W Iffice bldg., INJURY	HERE DID OCCUR?	(If In Boltimo	re City, give exoct location)
AEDI	21 D. TIME (Month) OF INJURY (APPROX.)	(Doy) (Yeor)		INJURY OCCURRED  le At  Not Whi k At Work	le 🗀	DENI DID WO	JRY OCCUR?	/
	thot (I) (we) lost so ond haur ond from t	w the deceased	d olive on	) (We) (did) (did not)	0 1969	and tho	9 6 ta	nion death occurred on the d
	23C: Physician's NAME (Type)	ldmin	S	DEGREE Phy	23D, ADDRESS		Shaff Phys.	23B. DATE SIGNED 12/1/69
24A	REMOVAL (Specify)	1, 24B. DATE	24C. NA	ME of CEMETERY or CR	EMATORY	24D. LO		ity, town, or county) (State)
		12-4-6		dlawn Ceme			timore, Ma	

Letter from Sinai Hospital and V.S. 153 1-19-70 M.H.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	100	BALTIMORE CITY	HEALTH	DEPARTMENT		69 11940
	69 11940	CERTIFICA	TE O		REG. NO	
(Typ	AME OF DECEASED DE OF Print Dames A. D	ayis		11/2	869	13 P M.
3. I	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STAT	E B. COUNT	receased lived. If ins	stitution: residence before admission)
HO	LL NAME OF (IF NOT IN HOSPITAL OR IN: SPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY,	ORTOWN FAR	D. INSI	Mpy ml DE CITY LIMITS?
	31	+ /	(	30/trave	2	YES X NO
3	8 University Hospi	tall	E. STRE	40 With	ONELIN ST	4 1601
5. S	EX 6. RACE 7. MARRI	IED NEVER MARRIED	B. DATE		AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months! Days Hours Min.
	M Coformed WIDOW	/ / /	tel	15,1906	63	
	USUAL OCCUPATION (Give kind of work 10B, KIND during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTH	APLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
10	PHESSER		Wij	VIVS DOF	0000	
130	FATHER'S NAME		14. 'MOT	HER'S MAIDEN NAM	ms 11/	/
	UNKNOWN		1	oche!	11/2/10	150
(Yes	Was Deceased Ever in U. S. Armed Forces? inno or unknown) (If yes, give wor or dates of service)	ce)   16. SOCIAL SECURITY NO.	17. INFO	RMANT		ADDRESS
	Yes W.K.2	214-18-0706	181	Ray Joh	ny 8191	18 401481
-	18.431.0	CAUSE OF DEATH	1	1.1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		1	The House	2 4 10 10 10	12/
	(This does not mean the made of dying, heart failure, asthenio, etc. 11 means the dise				monnome	
	injury or complication which caused death.)  ANTECEDENT CAUSES		11	monten !		
	DISEASES OR CONDITIONS, if ony, giv	(B)	A CONSI		···	
	rise to the obove cause (A) stating UNDERLYING CONDITION last.	The		<i>)</i> •		
	II	(C)				
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG IAL NO				
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19 A. DATE OF OPERATION 198. CONDITION FO	OR WHICH OPERATION	20 A.	AUTOPSY? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
RTIF	WAS PERFORMED			NO	IN CERTIFYING CAL	JSES OF DEATH?
CAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout fice bldg.,	ZIC. WHERE DID	(If in Baltimore	e City, give exact location)
EDIC		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?		
8	OF INJURY (APPROX.)	While At Work Not While At Work		·n ]		
	22. I certify that (1) this haspital) attende		10 15Cr	nben 24 1	9 68 ta 1	Junton 25-1969.
	that (1) (we) last saw the deceased alive	/	19	49 and tha	t in(my) (aur) aplr	nian death accurred an the date
	and haur and fram the causes stated above	e(() (We) (did) (did nat) v	iew the	bady after death.		
	23A. SIGNATURE	Atte	nding 🦳	Med.	Shoff 🔯	23 B. DATE SIGNED
	23C. PHÝSICIAN'S	OEGREE Phys	3D. ADD	Director 🗀 🛙	Staff Phys. 🖾	11/28/64
	NAME GYPE	201		Dei House	2100/	,
24	BURIAL CREMATION, 248. DATE 240	C. NAME OF CEMETERY OF CRE	MATORY	2 24D. CO	CATION	(State)
1.	SEMOVAL (Specify) 19/4/19691	Bully Phillips	///	uno Ri	WINT PI	1/1/
25A	DATE REC'D BY HEALTH OFFT. 258 NAM	AF OF REGISTRAR	250.	PUNERAL DIRECTOR	Atl	ADDRESS / //
	TIFCS MON CORNE & AL	5 1 1 0	MI	bulans Yune	raf Have 31	1971. Soprorder st
VS	150-REV. 1/1/68		O,			

Lowerity Adrital 1 cp Witnessellin St in Coloral Winnespayer SC. PHO WEER Rachel Waller The second of the second of the second the 2/4 / 2 h م يو د

69 11941 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 69 11941 BIRTH NO I. NAME OF DECEASED 2. DATE Month Doy Year Hour (Type or Print) OF Elizabeth Randall Estimoted _ DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Hour Yeor PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 9:55 30 69 11 HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY 1339 W. Lafayette Ave. Maryland 7. RACE 6. SEX C. CITY OR TOWN 8. MARRIED NEVER MARRIED D. INSIDE CITY LIMITS female colored WIDOWED Baltimore DIVORCED YES X NO L 9. DATE OF BIRTH 10. AGE (In years # Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months | Doys , Hours | Min. lost birthdoy) 1339 W. Lafayette Ave. 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? 1951 1971 TO 14A.USUAL OCCUPATION (Give kind of work) 74B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ((if yes, give wor or dotes of service) 1055 17. SOCIAL SECURITY NO. B. INFORMANT **ADDRESS** APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart foilure, osthento, etc. It meons the diseose, injury or complication which coused death.) **ANTECEDENT CAUSES** (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 20 (c)_ CATI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., In or about 22C. WHERE DID (If In Boltimore City, give exact location) home, form, loctory, street, office bidg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE (APPROX.) m. WORK 23. I certify that held on Inquiry ___ Inspection X Autopsy and that on this basis, death in my opinion

resulted from: Natural couses X

Werner U

24B. DATE

ACTUAL

24A. BURIAL CREMATION,

REMONAL (Specify)

VS 151-REV. 1/1/68

SIGNATURE.

**EXAMINER'S** 

NAME (Type).

25 A. DATE REC'D BY HEALTH DEPT.

ecident

Spitz. M.D.

258 NAME OF REGISTRAL

Suicide

M.D.

24C. NAME of CEMETERY OF CREMATORY

Homicide ___

CHIEF MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

Deputy Chief Medical Examiner

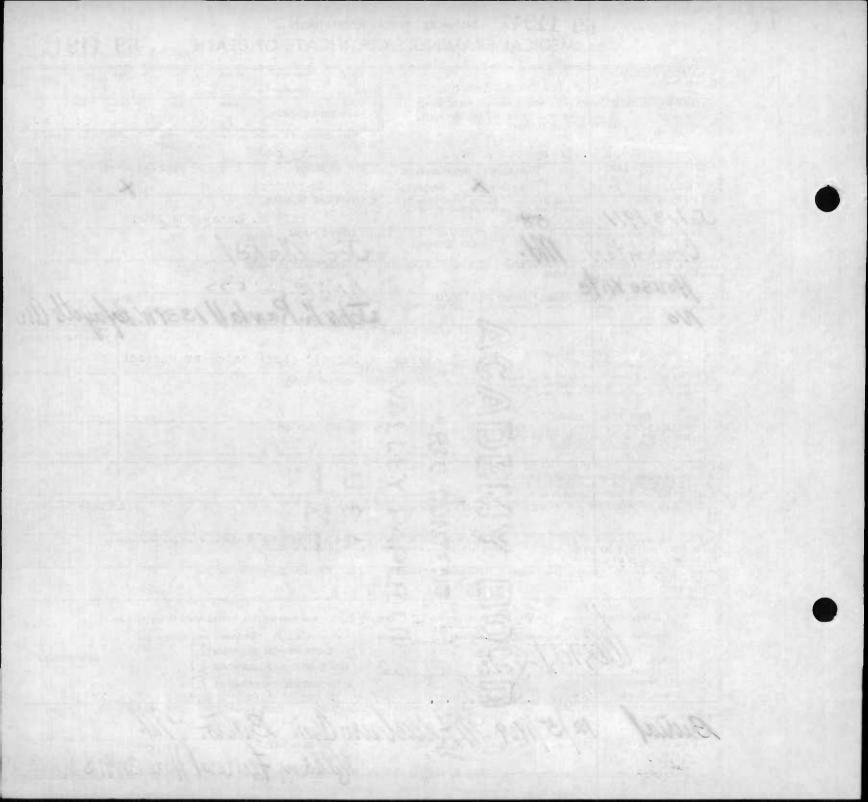
25C. FUNERAL DIRECTOR

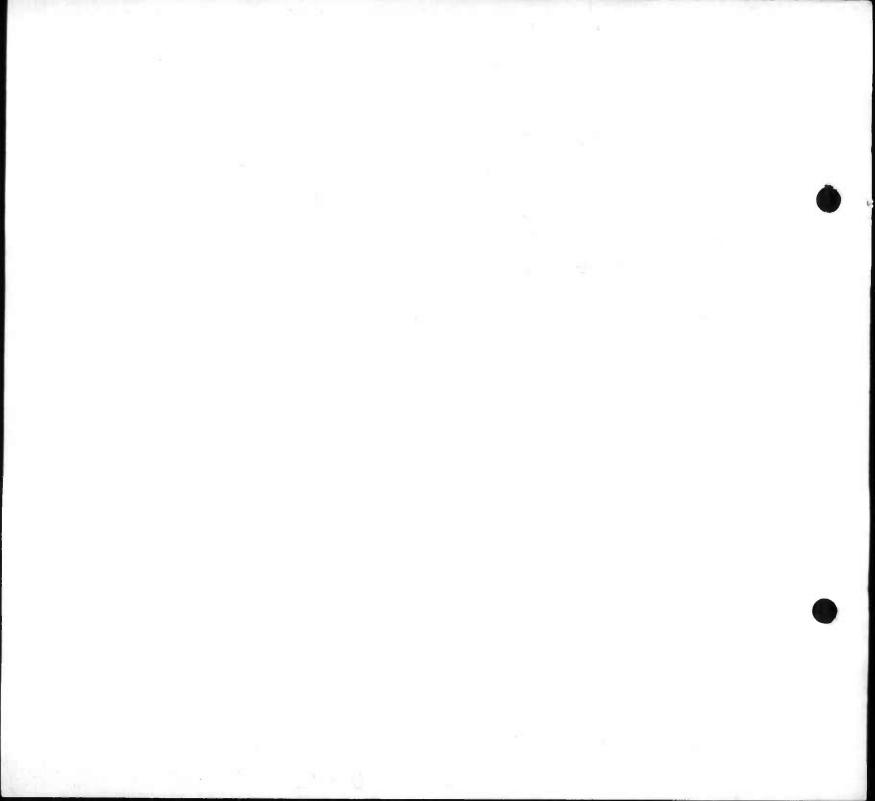
Undetermined manner

240. LOCATION (City loung by county)

ADDRESS

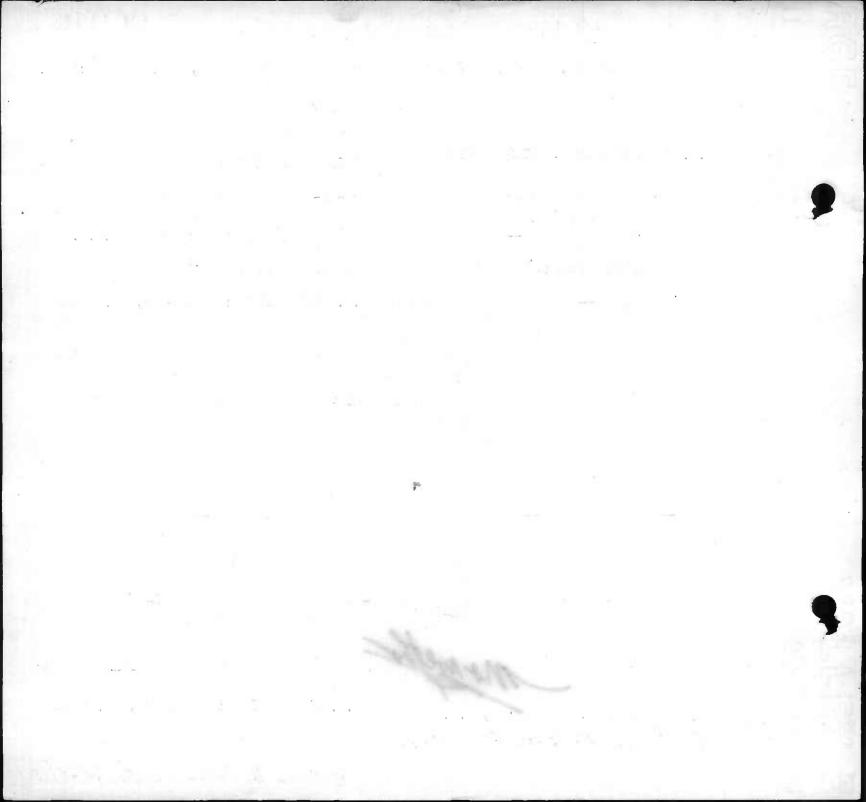
DATE SIGNED





This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.		•	FUNERA	FUNERAL DIRECTOR: IMPORTANT	IMPORT	ANT	•	, 1	122
	the body was re shows: (1) An act was D.O.A. at a deceased prior t written approva	leased to the host ident of any nature hospital (except o death); and (6) must be obtained	by the chief m pital by a me rre; (2) Body by where the ph No physician d before the re	iedical examiner. idical examiner. urns; (3) A fractu ysician who pro was in regular	or his assis Also, if th re of any ki nounced d attendance	e direct ind; (4) U eath wa e on the al dispos	death occurred or contribution or contribution of contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution or contribution	d in a hospit ng cause of cause; (5) De attendance	f death f death eceased on the h. Such

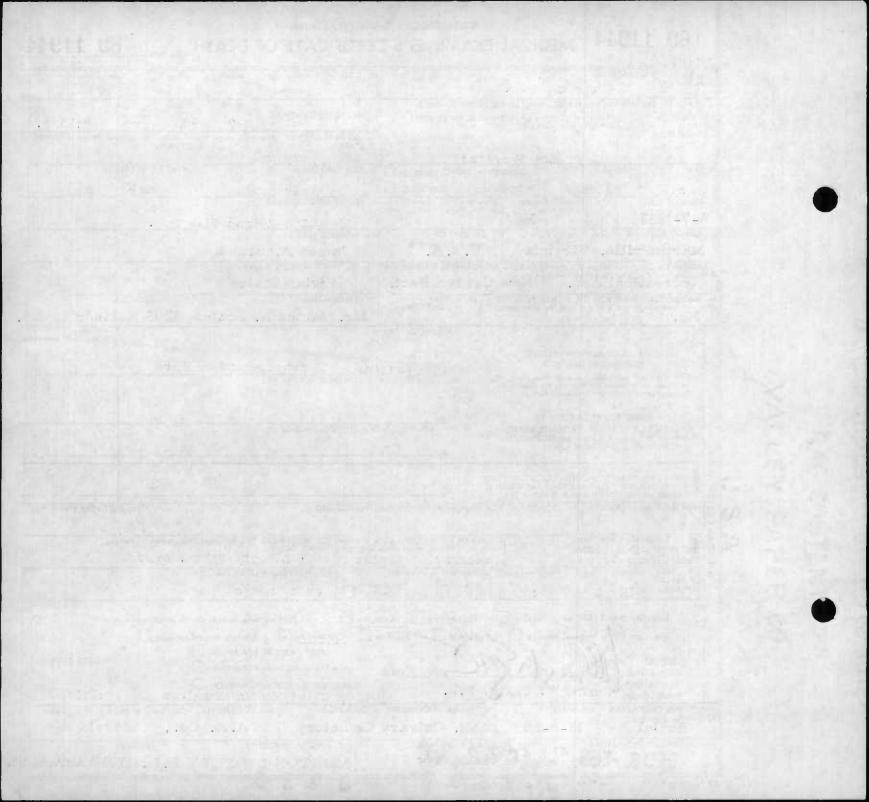
				BALTIMORE CITY	HEALTH DEPARTMENT		00 4404	0
		69 11	943	CERTIFICA	TE OF DEATH	REG. NO	69 1194	3
	TH NO.					ND HOUR OF DEATH		
	pe or Print)		ntoine	tte Julia SLoc	WAKIEWICZ Nove	mber 28, 196		
3.	PLACE IN BAI	LTIMORE, MARYLAND,	WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Whe		stitution; residence befo	re odmission)
HC	LL NAME OF	(IF NOT IN HOSP ADDRESS OR LOC	TAL OR INST	TITUTION, GIVE STREET	Maryland c. City or town Baltimore	D. INSI	YES NO	
U.	S. PUBI	IC HEALTH SE	RVICE H	HOSPITAL	3131 Foster A	venue		
5. 5	SEX	6. RACE	7. MARRIE	D X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If U	Inder 24 Hrs.
	Female	White	WIDOWE	DIVORCED	5-15-12	57	Months Doys Hour	
		UPATION (Give kind of wo working lile, even if retired		OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or fore	sign country)	12. CITIZEN OF WHA	T COUNTRY?
	unknow				Baltimore, Man	ryland	U.S.A.	
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN NA			
	Vincen	t Grynkiewic	Z		Sophie Bernad	dzikowski		
15. (Ye:	Wos Deceoses	d Ever in U. S. Armed F	orces? tes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	No			Unknown	U.S. PHS HOSPI	TAL: Baltimo	re, Md. 2121	.1
	18. 15	4.11		CAUSE OF DEAT	Ĥ		BETWEEN ONS	TE INTERVAL ET AND DEATH
	DISEA	SE OR CONDITION DEATH			ISE Uremia		5 403	
'	heort foilure,	not mean the mode of	s the diseos		A CONSEQUENCE OF:	••••	5 day	(
	injury or cor	mplication which couse ANTECEDENT CAUSE		Adamaa	andres at the	and a drawn		. 1.7
	DISEASES	OR CONDITIONS, if			arcinoma of the	rectun	4 mor	iths
		ne obove couse (A		3	A CONSEGUENCE OF		l l	
	UNDERLYIN	G CONDITION losi.		(c)				
ATION	TO THE DEA	FICANT CONDITIONS C TH BUT NOT RELATED TO CONDITION GIVEN IN PA	THE TERMINA					
CERTIFICATION		F OPERATION 198. CO		R WHICH OPERATION	20 A. AUTOPSY? (Yes or N	o) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERE	D
II .	OR CONTRIB	NT WAS UNDERLYING		21B. PLACE OF INJURY (e.g., nome, farm, foctory, street, o	in or about 21 C. WHERE DID	(If in Boltimor	re City, give exoct locotic	on)
CAL	DEATH (notif	y medical examiner)		elc.)				
MEDI	OF INJURY	(Month) (Doy) (Yea		TE. INJURY OCCURRED	21 F. HOW DID IN.	JURY OCCUR?		
_	(APPROX.)			While At Work  Work  Not Whi At Work				
	22. I certify	y that (1/) (this hospit	al) attended	diffe deceeded fram.	1-11	19 69 to 1	1-28	19 69 .
	that (1) (we	) last sow the decea	sed olive o	11-28	1969and tl	hat in (phy) (our) opi	inian deoth occurred	an the date
	and haur ar	nd fram the causes st	ated abave	// (We) /d/d) (dif 1)	view the body after death.			
1	23A. SIGNAT	URE 1. DI	N	. 11/4			23B, DATE SIGNED	
	1	110/100	7 N	DEGREE Phy	ending Med. Director	Staff Phys.	11-28-69	bvs
1	23C. PHYSICI	AM'S Typel		1	23D. ADDRESS			
	Wi A. BURIAL CR	lhelm D. Mer	iwe ther	MD DEGREE	U.S. PHS HOSP			
244	REMOVAL	(Specily)	/ 240	NAME OF CEMETERY OF CR	EMATORY 24D. I	COCATION (C	ity, town, or county)	(State)
	BURI	9L 12/2	169 11	ory NOSARY	1 (EM. 13	ALTIMOR	RE IVID	•
25/	A. DATE REC'L	BY HEALTH DEPT.	258. NAM	E OF KEGISTRAR	25C. FUNERAL DIRECTO	L L	ADDRES	- ti -
		DEC 3 1969	10000	7. 7. 6	O MYMOND	1. NACZOR	10WSK1 252	S/LEE/
VS	150-REV. 1/1/	68						57.



VS 151-REV. 1/1/68

69 11944 MEDICAL F	BALTIMORE CITY HE			00 11011
BIRTH NO.	EXAMINER'S C	ERTIFICATE C	F DEATH REG. NO	69 11944
1. NAME OF DECEASED J.		2. DATE Known 🔀		- January Co.
(Type or Print) Dagama Mason		OF	Month Doy	Yeor Hnur
	101111000 0010	DEATH Estimoted		M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRON		3. DATE PRONOUNCED DEAD	Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU ADDRESS OR LOCATION)	TION, GIVE STREET	PROMODINCED DEAD	12 1	69 '8:25 p. "
OR INSTITUTION			here deceased lived. If instituti	on: residence before admission)
42	1	A. STATE	B. COUNTY	1512
6. SEX 7. RACE B. MARBIED	NEVER MARRIED	Maryla C. CITY OR TOWN		CITY LIMITS?
MARKIED		o. ciri ox rount		
female colored WIDOWED		Baltim	ore	YES NO
9. DATE OF BIRTH 10.AGE (In years If (lost birthday) Mo	Under 1 Yr. If Under 24 Hrs. inths; Doys; Hours; Min.	E. STREET AND NUMBER		
9. DATE OF BIRTH   10. AGE (In years lost birthdoy)   Mo		4203 R	oland View Ave	
	CITIZEN OF	13. FATHER'S NAME	Olding Alem Hite	
Martinsville, Virginia	WHAT SOUNTRY?	James A.	Scales	
14A.USUAL OCCUPATION (Give kind of work 148. KIND OF				
done during most of working life even Heatired)	Career Rect.	Vivian So		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service)	17. SOCIAL SECURITY NO.	IB. INFORMANT		ADDRESS
No.		Mr. James	A. Scales 420	3 Rolandview Rd
19.	CAUSE OF DEAT	TH THE		APPROXIMATE INTERVAL
E 160 A				BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			1 6 1 . 1	
(This does not mean the mode of dying, e.g.,	(A)IMMEDIATE C		wound of head	
heart failure, osthenlo, etc. It means the disease, Injury or complication which coused death.)	DUE TO, OR A	S A CONSEQUENCE OF:		
ANTECEDENT CAUSES	4-1			
DISEASES OF CONDITIONS IF ANY CIVING	DUE TO, OR	AS A CONSEQUENCE OF:		
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
Z ONDEXTHING CONDINON EASI.	(c)	****		
Ĕ II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR				
20A. DATE OF OPERATION 20B. CONDITION FOI	D WHICH OPERATION! WA	C DEDECORMED		Tax Augustus (V
O A	K WHICH OPERATION WA	3 PERFORMED		21. AUTOPSY? (Yes or No)
				yes
22A. EXTERNAL CAUSE WAS 22B	PLACE OF INJURY (e.g.,	n or obout 22C. WHERE DI	D (II in Boltimore City, give e	xact location)
UNDERLYING TO CONTRIB-	recreation cen	ter 4801 Tib	erty Hghts. Av	e. 2802
22D. TIME (Month) (Doy) (Year) (Hour)	22E.INJURY OCCURRED		INJURY OCCUR?	
OF INTITRY		and F		
12 1 0) 1.30 pm.	WORK AT W	ork shot in	nead	
23.				
I certify that I held on Inquiry			this basis, death in m	y opinion
resulted fragi: Notural couses	Assident Suicid	e Homicide X	Undetermined monner	
1100	1. X	CHIEF MEDICA	L EXAMINER	
ACTUAL MILE ALL A TO	10	ACCICTANT MEDICA	=	DATE SIGNED
SIGNATURE STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD ST	M.D.			
NAME (Type) Werner U. Spita	, M.D. T	ASSOCIATE MEDICA		12/2/69
24A BURIAL CREMATION 24B DATE 12	4C. NAME of CEMETERY	eputy Chief Me		
REMOVAL (Specify)				vn, or county) (State)
Burial   12-6-69	Mt. Calvary	Cemetery	A. A. Co.,	Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	FOF REGISTRAR	25C. FUNERAL DIRE	CTOR	ADDRESS
DEC 3 1969 % & & & & &	Reben FR			
D14 0 1000 3.55 13 41 41		MORTON	a DIEII F.I	H. 1701 Laurens S

MORTON & DYETT F.H. 1701 Laurens St.



69 11045	BALTIMORE CITY HE	ALTH DEPARTMENT	00 44045
BIRTH NC.	ICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.	69 11945
I. NAME OF DECEASED (Type or Print)  Robert	(Jefferson)	2. DATE Known	Yeor Hour
4. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	3. DATE Manth Day	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL ADDRESS OR LOCATION	L OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD 11 23	69 19:40 a.
1374 Fren	nont Ave.	S. USUAL RESIDENCE (Where deceased lived, if institution A. STATE Maryland B. COUNTY	residence before admission)
6. SEX 7. RACE	8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CI	TY LIMITS?
male colored	WIDOWED DIVORCED	Baltimore	s No 🗆
9. DATE OF BIRTH 10.AGE (In lost birthdoy	yeors If Under 1 Yr. II Under 24 Hrs. Manths, Doys, Hours, Min.	E. STREET AND NUMBER 1374 Fremont Ave.	
Baltimore, Maryland	12. CITIZEN OF WHAT SOUNTRY?	13. FATHER'S NAME Unk.	
14A.USUAL OCCUPATION (Give kind of work) done during most of warking life, even if refired) Retired	4B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME Unk.	
16. WAS DECEASED EVER IN U.S. ARMED (Yes, no ar unknown))(If yes, give war ar dotes of	FORCES? 17. SOCIAL		DDRESS
No.	217-12-0440	Mrs. Louvina Thompson 1804	Longwood Stree
19.	CAUSE OF DEA	TH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECT LEADING TO DEATH  (This does not mean the mode of dy! heart failure, asthenio, etc. it means the	Arterio (A)IMMEDIATE C	sclerotic cardiovascular disea AUSE AS A CONSEQUENCE OF:	ase
ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST	(B)	AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CO- TO THE DEATH BUT NOT RELATED TO- DISEASE OR CONDITION GIVEN IN PA  20A. DATE OF OPERATION 20B. CON	THE TERMINAL		
20A. DATE OF OPERATION 20B. CON		AS PERFORMED	21. AUTOPSY? (Yes or No)
			no
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	hame, farm, foctory, street, office	in ar abaut 22C. WHERE DID (if In Boltimare City, give exa e bldg., etc.) INJURY OCCUR?	ct locotion)
OF INJURY		WHILE 22F. HOW DID INJURY OCCUR?	
23.  I certify that I held an Ir	quiry Inspection X Au	topsy and that on this basis, death in my	apinion
resulted from: Natural caus	Party.		
ACTUAL SIGNATURE (	SN7 M.D	CHIEF MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type Werner U. S		ASSOCIATE MEDICAL EXAMINER Deputy Chief Medical Examiner	11/23/69
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town	, ar county) (Stole)
Burial 12-2-	.69   Mount Auburn	Cemetery Baltimore, Ma	ryland

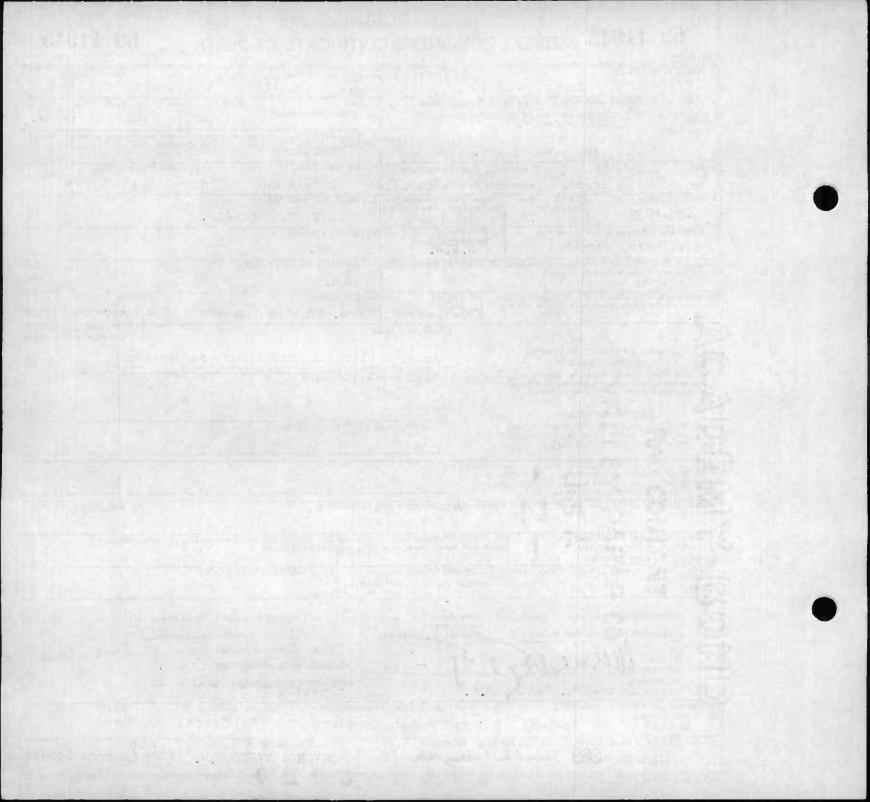
25C. FUNERAL DIRECTOR

MORTON & DYETT F.H.

ADDRESS 1701 Laurens Street

VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR DEC 3 1969 June & L. Janes, M.D.

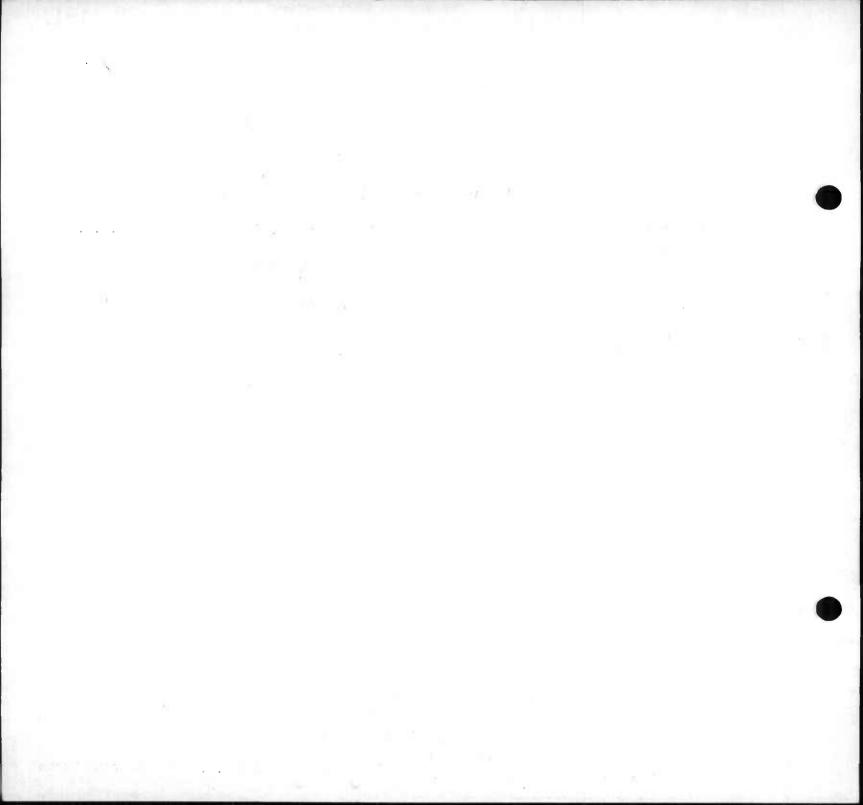


Tag Banda 

VS 150-REV. 1/1/65

BIRTH NO.		1194	P#4	TE OF DEA		No. 69 11947			
M.E. CASE NO 1. NAME OF D (Type or Print)	DECEASED	PH ROBEI	RT DAVIS	2. D	November 30,				
3. PLACE OF	DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENC	E (Where deceased lived.				
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address ar lacotion) INSTITUTION				MARYLAND  C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
42	SINAI HOS	SPITAL		BALTIMORE  D. STREET ADDRESS (If rural, give location)  2704 Classen Avenue					
Male	6. RACE Negro	WIDOWE	NEVER MARRIED  D. DIVORCED (specify)  dowed	8. DATE OF BIRTH 3-1-1923	9. AGE (In years fast birthday)	If Under 1 Yr. ff Under 24 H Manths Days Hours Min,			
	CCUPATION (Give kind of world to f working life, even if retired)	10B. KIND O	F BUSINESS OR INDUSTRY		or foreign country) S. Carolina	12. CITIZEN OF WHAT COUNTRY?			
3. FATHER'S N	NAME			14. MOTHER'S MAID					
	Maney Davis			Gussie	Sanders				
5. Was Decea	sed Ever in U. S. Armed Far awn) (If yes, give war ar date	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS			
No.	awnith yes, give war ar adie	s di service/	250-14-4267	Mrs. Mary A	Allen 4632	Reisterstown Road			
18.	-10.9		CAUSE O			INTERVAL BETWEEN			
DISI	EASE OR CONDITION DI	RECTLY		/	10	ONSET AND DEATH			
hearf failu injury ar d DISEASES rise fa	s naf mean the made af pre, asthenia, etc. If means camplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) ING CONDITION last.	the disease death.)	DOE 10	nay arter	y disease	boois 6 months			
TO THE	II  GNIFICANT CONDITIONS ( DEATH BUT NOT REL OR CONDITION CAUSING	ATED TO T							
	OF OPERATION 198. CON WAS PER		WHICH OPERATION	20 A. AUTOPSY? (Ye	IN CERTIFYING	FRE FINDINGS CONSIDERED CAUSES OF DEATH?			
OR CONTI	DENT WAS UNDERLYING RIBUTING CAUSE OF atify medical examiner	21 ha etc	B. PLACE OF INJURY (e.g., in me, farm, foctory, street, a c.)	n at obaut 21C. WHERE ffice bldg., INJURY OC	DID (If in Bot	timore City, give exact lacation)			
21 D. TIME	OF INJURY								
that (I) (v	ify that (I) (t <del>his hospita we)</del> last sow the decease and fram the couses sto	ed alive on.	nov. 24	,		population occurred on the de			
23A. SIGN		egen	/	ending Med.	Stoff	23B. DATE SIGNED  Dec 2, 1969			
23C.PHYSI NAMI	CIAM'S E (Type) Morton Krieg	er	M.D.	23D. ADDRESS 615 Hamm	onds Lane Bal	lto. 21225			
24A. BURIAL C REMOVA Burial	12-4-6	9	Mount Auburn	EMATORY	Baltimore	(City, tawn, or county) (State)			
	C 3 1969	25B N.M.	OF / EGISTA	MORJON &	RECTOR	ADDRESS 1701 Laurens Street			

MORTON &



VS 150-REV. 1/1/65

F.H.

1701 Laurens Street

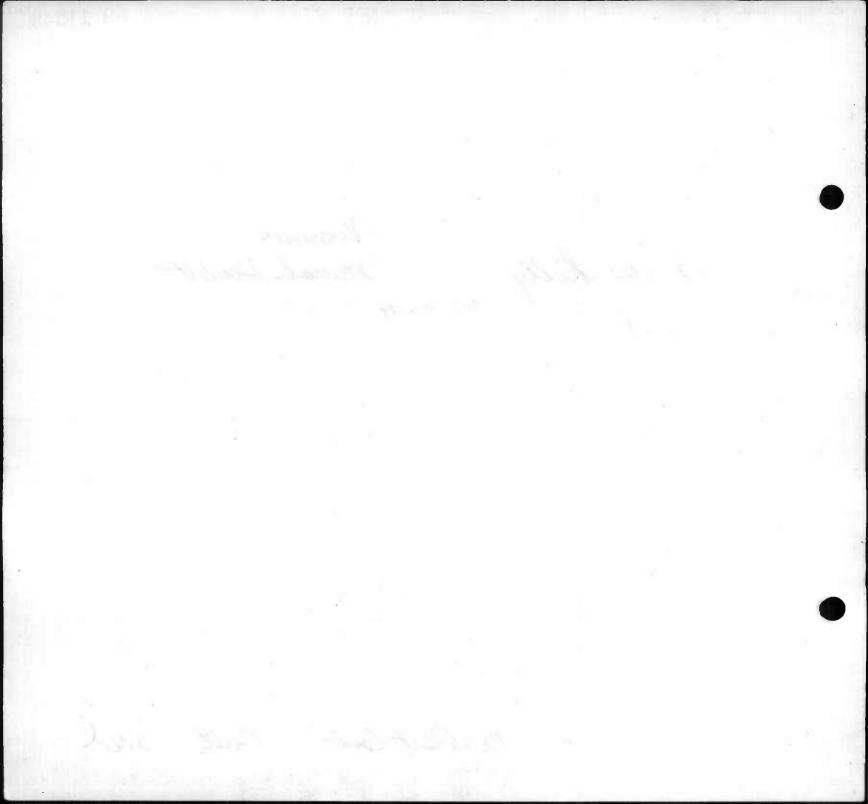
MORTON & DYELT

BALTIMORE CITY HEALTH DEPARTMENT

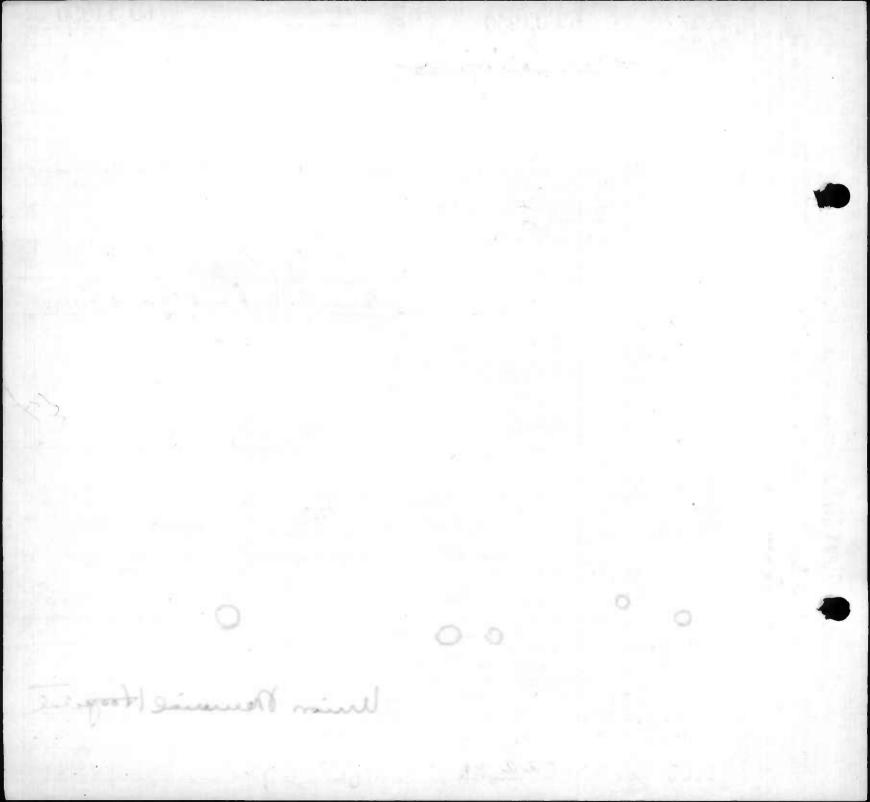
. . 

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

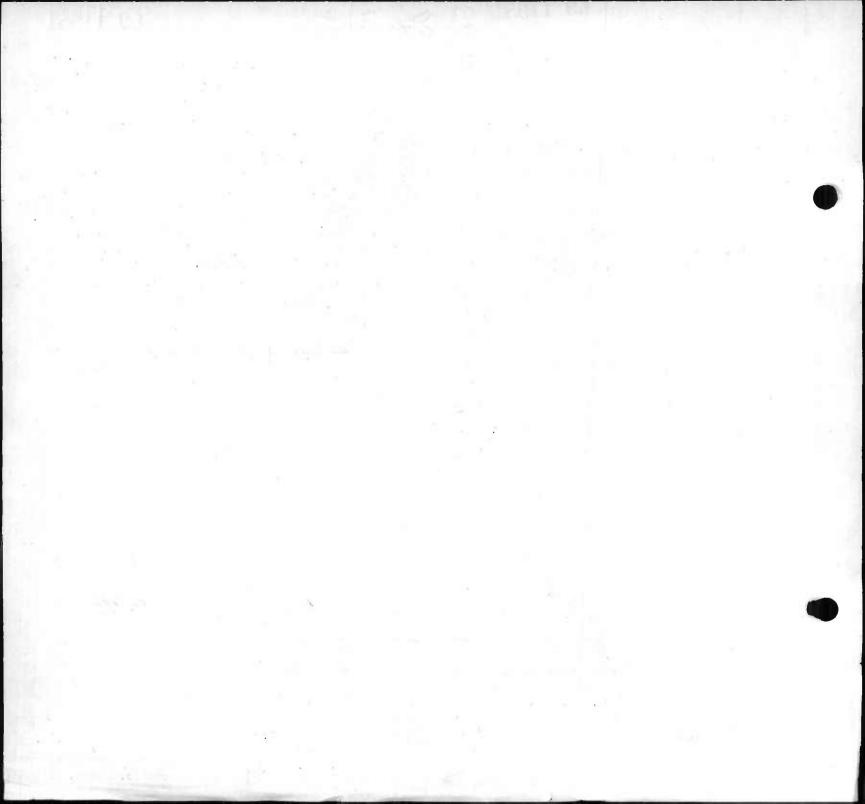
0 166	BALTIMORE CITY	HEALTH DEPARTMENT		69 11949			
BIRTH NO. 69 11	Q40 CERTIFICA	TE OF DEATH	REG. NO	00 11343			
I. NAME OF DECEASED	040		HOUR OF DEATH				
(Type or Print)							
Carrie Coopeu	ANALIN STA DEAD	TA LISUAL DESIDENCE (Where	deceased lived If	69 4:10 A.M. nstitution: residence before odmission)			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	A. STATE B. COUNT	Y	nstitution; residence before bolinission)			
FULL NAME OF (IF NOT IN HOSPITAL OR II	NSTITUTION, GIVE STREET	md.		604			
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN D. INSIDE CITY LIMITS?					
4 Hans 1/2-6:50	1 of march	BALTO.  E. STREET AND NUMBER		YES NO			
Lutheran Hospito	a or manyjana	E. STREET AND NUMBER					
76		17 N. Jurcha	M 57				
5. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours: Min.			
Temale Negro WIDO	WED DIVORCED	3-12-06	63 yrs.	William Says Trouts William			
10A. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY		n country)	12. CITIZEN OF WHAT COUNTRY?			
done during most of working life, even if retired)		)/,,,,		USA			
thouse		moune		Ct 3 7-			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	/			
Charles B. Oli		marge to	101.11/				
15. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	Hully	ADDRESS			
(Yes, no or unknown) (If yes, give wor or dotes of ser	SECURITY NO.	2/ -					
110	H17-18-5514	Chari					
1B. 161.91	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY				11.29.69			
LEADING TO DEATH	(A)IMMEDIATE CAL	ISE Landio Rosfina A CONSEQUENCE OF:	torn arrest	11.27.69			
(This does not meen the made of dying, heart foilure, ostherio, etc. 11 meens the dis	e.g., DUE TO, OR AS	A CONSEQUENCE OF:					
injury ar complication which caused death.)				16			
ANTECEDENT CAUSES	le con d	2. 13 Carling	Tarling la	leeding 12.1.69			
DISEASES OR CONDITIONS, if any, g	iving DUE TO, OR AS	ary la Gastro-in		4.10 am			
rise to the above cause (A) stoling	the	0 10 08	0 0	4.70 am.			
UNDERLYING CONDITION last.	(c) Melase	asis from La Of	raynx				
				T T			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUT		inenticulosis					
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI USEASE OR CONDITION GIVEN IN PART 1 (A).	NAL						
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?			
19A. DATE OF OPERATION WAS PERFORMED	,	NO	ar dekin into e,	AUSTO OF DEATH.			
U 21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i	n or about 21C. WHERE DID	(If in Boltime	ore City, give exact location)			
DEATH (notily medical examiner)	etc.)	nee biog., indokt occok.					
O 21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJU	PY OCCUP?				
S OF INJURY	While At Not While		K, OCCOK.				
(APPROX.)	Work At Work						
22. I certify that (I) (this haspital) attend	ded the deceased from 11	14.69	9 ta 12	. 1 . 69 19			
that (I) (we) last saw the deceased alive			tin(my) (adr) ar	inian death accurred an the date			
			1 111(my) (apr.) ap	men deam decorred on the date			
and haur and from the causes stated aba	ve. (I) (We) (did) (did/not) v	iew the bady after death.					
23A. SIGNATURE	4.0			23B. DATE SIGNED			
1. Kranswa an	D.	nding Med.	Staff Phys.	12.1.69			
23C. PHYSICIAN'S	DEOREE	23D. ADDRESS					
23C. PHYSICIAN'S NAME (Type) P. GNANE SWAR	AN.	Luther an Ho	spital, as	O Love 1 = Ch and			
24A BURIAL CREATATION 24B DATE	DEGREE	24D 10		hbrutin Street,			
24A. BURIAL CREMATION, 24B. DATE 22 REMOVAL (Specify)	40. IVAME OF CEMETERS OF CRI	A 240. LO	CATION	City, town, or county) (Stote)			
Buigh 12-4 69 Palle Nat Cont Balle Drex							
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS							
女をなる 福祉者 ひかながな デーベッド	164 (TEAS) ()	0 8/12, 87/3	1 VATOR IN	DI Ba. 10. 111			
THE LAST LEVEL		THE WILL	recordor	o pauly us			



T-41/2 60 116	BALTIMORE CITY	HEALTH DEPARTMENT	69	3 11950	
1-4/6 69 119	CERTIFICA	TE OF DEATH	Registered No.	44000	
M.E. CASE NO.  1. NAME OF DECEASED  Typo of Print)  The Len Ja	Liferro	2. DATE AND DECLINATION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE	ber - 1, 1969	2,30 Am.	
FULL NAME OF (If not in hospital ar institut HOSPITAL OR address ar location) HNSTITUTION	tion, give street	Maryland U.S	A . o city limits, write RURAL o	201	
The Union Memorial He	espital.	Baltimore.  D. STREET ADDRESS (If ruiol, give locotion)			
33rd and Calvert Si	rects	3900 N. Charles Street.			
	RIED, NEVER MARRIED DWED, DIVORCED (specify)  OF BUSINESS OR INDUSTRY	B. DATE OF BIRTH  Ded -6, 1908  11. BIRTHPLACE (Stote of foreign	60	or 1 Yr. If Undoi 24 Hrs. Doys Hours Min.	
done during most of working life, even if retired) Ox	in hone.	South Caro	lina "	TIZEN OF HAT COUNTRY?	
13. FATHERS NAME W. Heury Kirb	kwood.	Sarah C	Idams		
15. Was Deceased Ever in U. S. Armed Foices? (Yes, na or unknown) (If yes, givo war ar dates of serv	16. SOCIAL SECURITY NO.	Thomas a Ver	Levord 507	Appress Service Co	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O	ardiac arr	est	INTERVAL BETWEEN ONSET AND DEATH	
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc injury or complication which coused death.)	e.g., DUE TO	estinal obstri	uctión a	tout 2 weeks.	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, gives to the obove cause (A) stating UNDERLYING CONDITION lost.	iving the (C)	urrent cancer o	forary a	2 years	
OTHER SIGNIFICANT CONDITIONS CONTRIBITED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				- E.O.	
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.)	OB. IF YES, WERE FINDING N CERTIFYING CAUSES OF	S CONSIDERED DEATH?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinar)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore City, g	ive exact lacation)	
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPRDX.)	While At Not While Work At Work		Y OCCUR?		
22. I certify that (this hospital) attended that (1) (we) last sow the deceased alive	on November	30 19 69 ond that		ber 1969, ath accurred an the dote	
ond hour and from the couses stated about 23A. SIGNATUSE January	1			ATE SIGNED	
23C.PHYYCIAN'S NAME (Type) Yasumasa Yai	masaki _{M.D.}	23D. ADDRESS	mill	toopilal	
Burial (Specify) 12-6-1969	Forest Lawn	Cemetery Ch	narlotte,	N.C.	
258. DEC 3 1969 266.8 8 VS 150-REV. 1/1/65	ME OF REGISTRAR	Henry W. 4905	enkinsa& Bant	., Md. 21212	

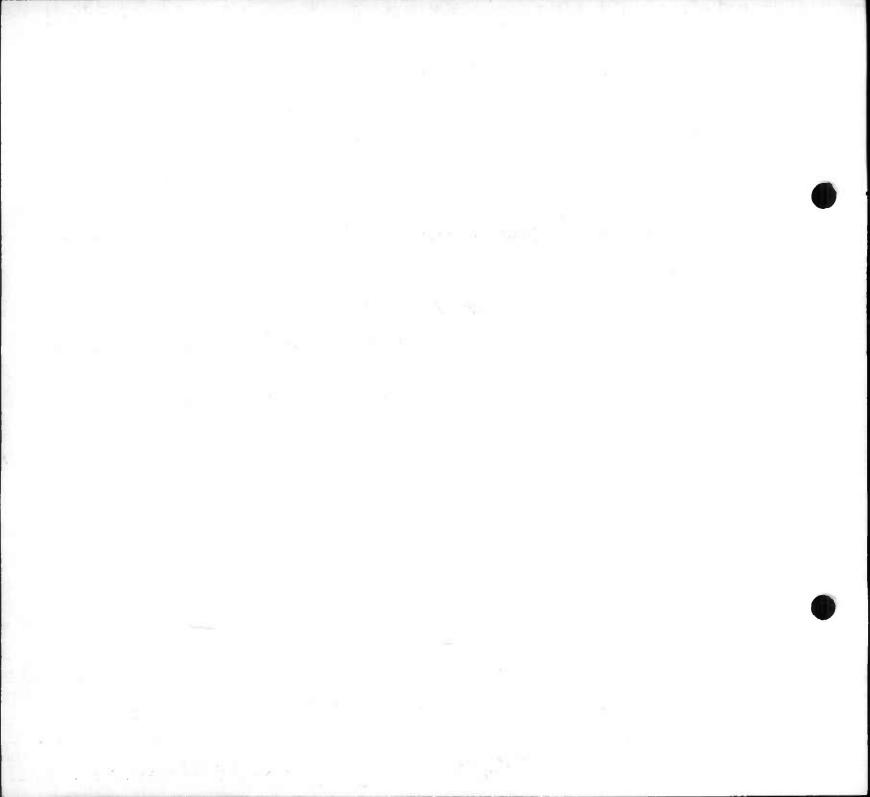


1, N	TH NO.  AME OF DEC	EASED	es/McGi	111		ND HOUR OF DEATH	Si fort
			- 1			. 1, 1969	1:30//
FUI	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUT		4. USUAL RESIDENCE (Who A. STATE B. COUL Maryland		903
	STITUTION	ADDRESS OR LOCA			c. CITY OR TOWN Baltimore	D. INS	YES NO
6	00	608 E. 37th	Street		608 E. 37th	Street	
5. <b>S</b>	M M	6. RACE	7. MARRIED [ WIDOWED 图	NEVER MARRIED	B. DATE OF BIRTH 3-6-1885	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under Months Doys Hours
done	e during most of	JPATION (Give kind of work working life, even if retired) alesman		nical	Baltimore,	_	U.S.A.
13. 1	James	W. McGill		o o	14. MOTHER'S MAIDEN NA Sarah Ann T		
15. V (Yes	Wos Deceased s, no or unknown	Ever in U. S. Armed For (If yes, give wor or dote	s of service	6 SOCIAL SECURITY NO.	17. INFORMANT  Mr. William	n O.McGill	ADDRESS Same
	heart failure, injury or com	not meen the mode of asthenia, etc. It means uplication which caused ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) G CONDITION lost.	the diseose deoth.) O	DUE TO, OR AS	A CONSEQUENCE OF:		
CATION	DISEASES Crise to the UNDERLYING	asthenia, etc. 11 means in plication which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION lost.  IL CANT CONDITIONS COMBINED TO TO TRELATED TO TO NOTITION GIVEN IN PAROPERATION 198. CONDITION CONDITION CONDITION CONDITION CONDITION PAROPERATION 198. CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION	ony, giving stating by Stating NTRIBUTING HE TERMINAL T I (A).	DUE TO, OR AS	A CONSEQUENCE OF:		FINDINGS CONSIDERED
ERTIF	DISEASES Crise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR C	asthenia, etc. 11 means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION lost.  11 ICANT CONDITIONS CO H BUT NOT RELATED TO TONDITION GIVEN IN PAR OPERATION 198. CON WAS PERI	ony, giving stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by stating by	(B) DUE TO, OR AS	S A CONSEQUENCE OF:  20 A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED AUSES OF DEATH?
L CERTIF	DISEASES Crise to the UNDERLYING OTHER SIGNIFTO THE DEAT DISEASE OR COLOR OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF C	asthenia, etc. 11 means in plication which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION lost.  IL CANT CONDITIONS COMBINED TO TO TRELATED TO TO NOTITION GIVEN IN PAROPERATION 198. CONDITION CONDITION CONDITION CONDITION CONDITION PAROPERATION 198. CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION	ony, givient stating of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the terminal of the te	DUE TO, OR AS	S A CONSEQUENCE OF:	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
DICAL CERTIF	DISEASES Crise to the UNDERLYING OTHER SIGNIFTO THE DEAT DISEASE OR COLOR OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF C	asthenia, etc. 11 means in plication which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION lost.  II  ICANT CONDITIONS COMBUT NOT RELATED TO TO NOTITION GIVEN IN PART OPERATION 198. CONWAS PERIOR TO WAS PERIOR CAUSE OF	ony, givient stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stating ner stati	DUE TO, OR AS  B)  DUE TO, OR AS  DUE TO, OR AS  CONTROL TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE T	in or obout 21G, WHERE DID office bidg., INJURY OCCUR?	(If in Boltimo	AUSES OF DEATH?
MEDICAL CERTIF	DISEASES Crise to the UNDERLYING OTHER SIGNIFT TO THE DEAT DISEASE OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify	asthenia, etc. 11 means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION lost.  II  ICANT CONDITIONS COMBINED TO THE CONDITION GIVEN IN PAR OPERATION 1988. CON WAS PERIOR CAUSE OF medicol exominer)	ony, givient stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating or stating o	DUE TO, OR AS  B)  DUE TO, OR AS  DUE TO, OR AS  C DUE TO, OR AS  C DUE TO, OR AS  C DUE TO, OR AS  DUE TO, OR AS  C DUE TO, OR AS  DUE TO, OR AS  E DUE TO, OR AS  NOT WHAT  AT WORK  C DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  AS  DUE TO, OR AS  DUE TO, OR AS  AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO,	20 A. AUTOPSY? (Yes or Notice bidg., INJURY OCCUR?	IN CERTIFYING CA	ore City, give exact location)
MEDICAL CERTIF	DISEASES Crise to the UNDERLYING  OTHER SIGNIF TO THE DEAT DISEASE OR C 19 A. DATE OF OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that (i) (we)	asthenia, etc. 11 means application which caused ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) CONDITION lost.  11 ICANT CONDITION S COME TO THE CONDITION S COME TO THE CONDITION S COME TO THE CONDITION S COME TO THE CONDITION SIVEN IN PART OPERATION 198. CON WAS PERIOR CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL C	ony, giving stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating i	DUE TO, OR AS  (B)  DUE TO, OR AS  D	20A. AUTOPSY? (Yes or Notice bidg., INJURY OCCUR?  21F. HOW DID IN ile	JURY OCCUR?  19taap	ore City, give exect location)
MEDICAL CERTIF	DISEASES Crise to the UNDERLYING  OTHER SIGNIF TO THE DEAT DISEASE OR C 19 A. DATE OF OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that (1) (***) and hour and	asthenia, etc. 11 means application which caused ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) GONDITION fost.  II ICANT CONDITIONS COME TO THE CONDITION GIVEN IN PAR OPERATION 198. CON WAS PERIOD (Month) (Day) (Year)  That (1) (this hospital last saw the decease of from the causes stated of the causes stated from the causes stated of the causes stated of the causes stated of the causes stated of the causes stated of the causes stated of the causes stated of the causes stated of the causes stated of the causes stated of the causes stated of the causes stated of the causes stated of the causes stated of the causes stated of the causes stated of the causes stated of the causes stated of the causes stated of the causes stated of the causes stated of the causes stated of the causes stated of the causes stated of the causes stated of the causes stated of the causes stated of the causes of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of	ony, giving stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating in the stating i	DUE TO, OR AS  B)  DUE TO, OR AS  DUE TO, OR AS  CONTROL  CONTROL  DUE TO, OR AS  CONTROL  CONTROL  DUE TO, OR AS  CONTROL  CONTROL  AND  OEGREE  AND  OEGREE  AND  OEGREE  AND  OEGREE	20A. AUTOPSY? (Yes or Note of the bidg., INJURY OCCUR?  21F. HOW DID IN the bidg of the bidg of the bidg.)  19	IN CERTIFYING CA	ore City, give exact location)  7  19  pinion death accurred an t

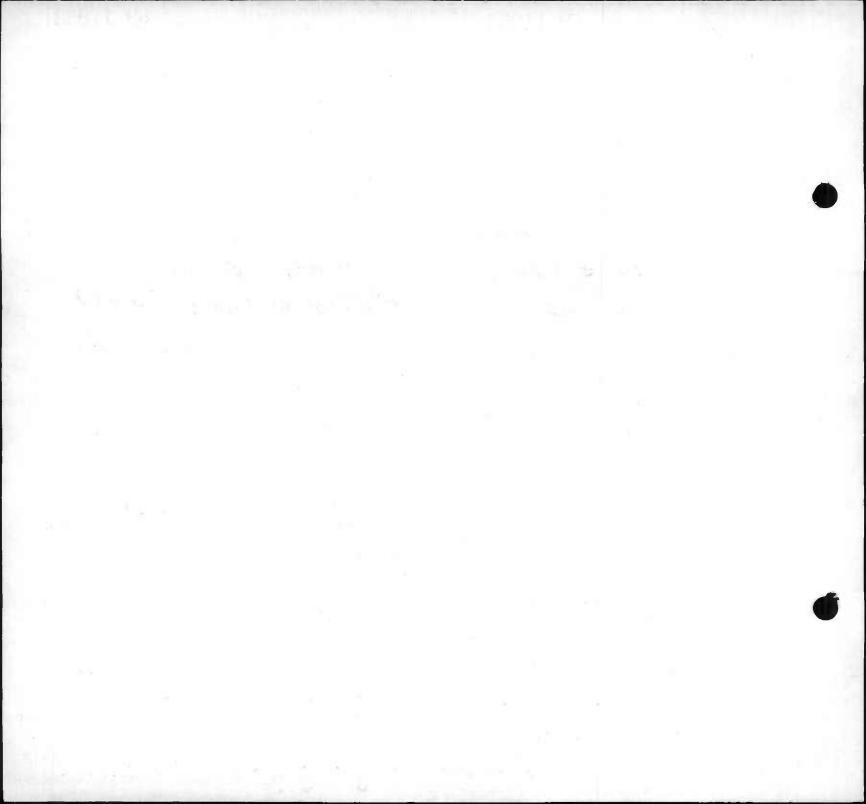


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-460 69 11952 BALTIMORE CIT	Y HEALTH DEPARTMENT 69 11952
CEPTIFIC	ATE OF DEATH REG. NO.
I. NAME OF DECEASED	
(Type of Pant) FIIA WIDOD MILLER	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DE CEMBER 2, 1969 10 45 A. M.  4. USUAL RESIDENCE (Where deceased lived. It institution: residence before admission) A. STATE  8. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 27/3
UNION MEMBRIAL HOSPITAL	BALTIMORE YES NO
44	108 ST TOHOG PAGE
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in yeors II Under 1 Yr., II Under 24 Hrs. Months; Days Hours; Min.
FEMALE CAUCASIAN WIDOWED DIVORCED	APRIL 11, 1001 88 ym
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or (areign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE OWN HOME	PENNSYLVANIA U.S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
KOBERT T. MILLER	MARY ELLISON WOOD
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) III yes, give wor or doles of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
NO 547-64-8811	MARY THOMSEN, 646 ST. JOHNS RD, BALTIMOREMO
18. 4 12 4 1 CAUSE OF DEAT	TH CVA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
1This does not meen the mode of dving. e.g. (A) IMMEDIATE CA	USE
heart failure, asthenia, etc. It means the disease, injury at complication which caused death.)	A CONSEQUENCE OF:
ANTECEDENT CAUSES ARTER	IOSCLEROTIC CARDIOVASCULAR DISEASE 20 years
	A CONSEQUENCE OF:
rise to the abave cause (A) stating the UNDERLYING CONDITION lost. (C)	D. H.
- II	
S DISEASE OR CONDITION GIVEN IN PART 1 (A).	TIVE HEART FAILURE 2º ARTERIOSCLERGIO 10 yra
19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH Inosity medical examines	in or obout 21 C. WHERE DID At the Boltimore City size a good to call and
21D-TIME (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
APPROX.)   While At   Not Whi   At Work   At Work	
22. 1 certify that (1) (this hospital) attended the deceased from	VOVEMBER 16 1969 to DECEMBER 2 1969
that (1) (we) last saw the deceased alive an DECEMBER	19 6 9 and that In(my) (our) apinian death accurred an the date
and haur and from the causes stated above. (1) (We) (did) (did not)	
23A. SIGNATURE	23 B, DATE SIGNED
DEGESS Phy	anding Med. Staff DECEMBER 3, 1969
LINDA HIEH DAVIES, M.D. DEGREE	UNION MEMORIAL HOSPITAL, BALTIMORE MO.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR.	
Cremation 12-3-1969 Greenmount	Baltimore, , Md.
DEC 3 1969 - 258, MANY OF AGUSTRAR	Henry 4005, York Road Balto., Md. 21212
VS 150-REV. 1/1/68	6 7 4905 York Road Balto., Md. 21212



T.000 00 14000	BALTIMORE CITY	HEALTH DEPARTMENT		69 11953
prrh No. 69 11953	CERTIFICA	TE OF DEATH	Registered No	09 11909
I. NAME OF DECEASED			D HOUR OF DEATH	
	THEY	14. USUAL RESIDENCE (Where	2, 1969	9 11:15 A M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUN'	e deceased lived. If ins	stitution: residence before admission)
FULL NAME OF (If not in hospital or institution, given the hospital or oddress or location)	e street	C. CITY OR TOWN (IF outs		URAL ond give township)
INSTITUTION	JACO (TV)	BALTIMORI		ORAL ond give township)
MARYLAND GENERAL	. MOSPINAC	D. STREET ADDRESS (If r	urol, give location)	0
48		4023 WI	LSBY AU	E. 21218
MALE WHITE WIDOWED.	DIVORCED (specify)	9-17-10	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF B done during most of working life, even if retired)	USINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
BOILER MAKER MACH	HINERY	MARYCAN	D	U-S.A.
13. FATHER'S NAME	-	14. MOTHER'S MAIDEN NAM	A E	
MICHAEL J. FAHEY		MARY	R. BL	AKE
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	17 INFORMANT		ADDRESS
YES WILL.	218-09-8505	MARY M.	FAHEY	(SAME)
18.410.91	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	D.	Inaman Do	lossed and	<del>-</del>
(This does not meon the mode of dying, e.g.,	DUE TO	lmonary eo		
heart failure, asthenio, etc. It means the disease, injury or complication which coused death.)	1	7.	1000	+1 1
ANTECEDENT CAUSES	(B) /4 CC	to myocara	var mje	nd ms-day
DISEASES OR CONDITIONS, if any, giving	000	many athe		
rise to the obave cause (A) stoling the UNDERLYING CONDITION lost.	(C) W	onary are	ws overv	ns years.
11		/		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	HICH OPERATION	[20 A. AUTOPSY? (Yes or No)	208. IF YES WERE F	INDINGS CONSIDERED
198. CONDITION FOR WE WAS PERFORMED		8	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING 218, P	LACE OF INJURY (e.g., i	or obout 21 C. WHERE DID	(If in Boltimore	City, give exoct location)
DEATH (notify medical examiner)	ionn, lociory, sheet, o	ince blogs, myoki occok:		
-	NJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
(APPROX.) While	At Work			
22. I certify that (1) (this hospital) attended the	deceased from	December 1	96510 Q	1969
that (1) (we) lost saw the deceased alive on	Wee 2	19 69 and the	of in(my) <del>(our)</del> opin	nion deoth occurred on the dote
ond hour and from the couses stated above. (1)-		•		
23A. SIGNATURE	0			23B, DATE SIGNED
Honold M. 4 Jene	M.D. Atte		Stoff Phy s.	12/2/69
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1 1	D 1 1
Dr. Donald H. D		827 Lu	ale Mr	·, Salto-Mel
24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	AE of CEMETERY OF CR	Gardens 24D. Lo		y, town, or county) (Stote)
Burial 12-5-1969 Du	ilaney Valle	y Memorial Ti	monium,	Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	See Ch	25C. FUNERAL DIRECTOR	ins & Sons	CQ. ADDRESS 21212
DEC 3 1969 065 cut & 48-160	9 110	4905	ins & Sons York Road	Balto., Md.
VS 150-REV. 1/1/6S		0 / 0 /		



and	sed	the	uch	
<u> </u>	9000	0	ė.	
spi	S o	nce	<b>6</b> 01	
a he	aus e, (	nda	0	
<u>.</u>	g c	1110	0.	
red	edo	ar.	2 4	3
CCUF	min	gul	Sed	
4	con	re	2000	:
deat	Pud	ii st	d de	
<del>-</del>	4 (4)	3	the	
ant	nd;	ath	o o o	
SSIS	K. A	p F	fine	
iis a	an L	ncec	מים לי	
0	A IS	non	211	
ner	d.	pro	par	
ami	A fre	ho	990	
6×	(3)	} □.	Sar	
dica	ns;	icia	Vas	
H	bur	shys	767	
hief	ody	he i	the the	
10 C	207	10.	Pny	
37 +	0,:0	vhe	2 9	
po	atu	pt	ined ined	
prov	ny n	9XC6	and	
ap	ofa	ڪ 10:1	7) ; be c	
t be	ent	spit	Sear	
mus	ccid	t ho	2 E	
ate	ח מ	at c	deceased prior to deatn); and (o) No physician was in regular aftendance on the deceased prior to death. Such Written approval must be obtained before the remains are embalmed or final disposition is made.	
tific	¥ €	A.C	d b	
Cer	NS:	0.0	ten.	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	tne body was rejeased to the nospital by a medical examiner. Also, it the direct of contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	Writ	

112 -200 69 77954	TE OF DEATH REG. NO. 69 11954
I.NAME OF DECEASED .	2 DATE AND HOUR OF DEATH
(Type or Print) ARTHUR M. LEWIS	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEC. 3 1969 4:00 Am  4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
	A. SIATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 27/2
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
44	BALTIMORE YES NO
LINION MEMORIAL HOSPITAL	E. STREET AND NUMBER
DIVIOLATE HOSPICAL	6209 MSS WAY
5. SEX 6. RACE 7. MARRIED DEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years I II Under 1 Tr., II Under 24 Hrs.
M WHITE WIDOWED DIVORCED	10-28-93 lost birthdoy 76 Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work) OR, KIND OF BUSINESS OR INDUSTRY	11. RIPTHPLACE (State or lession country)
I done during most of working life, even if retired) 1 BCACK 0 1) ECKER	he day
RETIRED-MACHINIST	
13. FATHER'S NAME EDWARD E.	14. MOTHER'S MAIDEN NAME W ROTEN
WAKNOWN LEWIS	ELLAT. SAKNOWN
15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL   (Tos,no or unknown) (If yes, give wor or dotes of service)   SECURITY NO.	17. INFORMANT
110 110 110 110 1100 1100 1100	
	(HOSPITAL RECORD) WHA
18. / 56.0   CAUSE OF DEATE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	A 1
(A)IMMEDIATE CAU	SE Cerebra-Varenter accedent
heort failure, asthenio, etc. Il means the disease,	A CONSEQUENCE OF:
injury or camplication which coused douth.)	a a collected of live
ANTECEDENT CAUSES	er of gall bladder a sh live
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSEQUENCE OF:
rise to the above cause (A) stoling the UNDERLYING CONDITION last.	
ONDERLING CONDITION last, (C)	***************************************
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL  DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  121A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INTERVALOR DE	20A. AUTOPST? (Tes or NO) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	20A- AUTOPST2 (Tes or No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INITIBY (o.g. in	O C Chaul 21 C Wy EDE DID
OR CONTRIBUTING CALLET OF	ico bidg., INJURY OCCUR? (If in Boltimore City, give exect lecetion)
0	
OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.)  While At Not While Mark At Work	
22. I certify that (1) (this haspital) attended the deceased from	
	(0)
that (i) (wh) last saw the deceased alive on Deci	19 69 and that In (my) (dut) opinion death occurred on the date
ond haur and from the causes stated above. (1) (Me) (did) (did not) vi	ew the body ofter death.
23A. SIGNATURE	23 B. DATE SIGNED
DEGREE Phys.	nding Med. Staff Director Phys. Duc. 3/69
DEGREE	3D. ADDRESS
VICTURINO SI YOU MA	LHION MEMORIAL BOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERT OF CRE	MATORY   24D. LOCATION (City, lown, or county) (State)
REMOVAL (Specify)	dens
Burial 12-6-1969 Dulaney Valley	
25A. DATE REC'D BY WENTHAMEN & ESERGE OF A TRAR	25C. FUNERAL DIRECTOR H. Was Jenkins & Sons Co. ADDRESS 21212
Dr. 0 9 0 0 0	4905 York Road Balto., Md.
VS 150-REV 1/1/68	

	written approval must be obtained before the remains are embalmed or final disposition is made.
-1	ior to death. Such
	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause: (5) Deceased
	he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE CITY HEALTH DEPARTMENT 69 11955 REG. NO CERTIFICATE OF DEAT I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) RAZAUSKAS Dec. 1,1969 FRANK 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE B. COUNTY Anne Arundel (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS? NO X Maryland General Hospital YES Crownsville E. STREET AND NUMBER Emergency Room, Drive 913 Dak Baltimore, Md. S. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. · MARRIED NEVER MARRIED Months Doys lost birthdoy) Hours 18, 1890 WIDOWED DIVORCED White 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Dakloom Clothing Tailor (ret.) Lithuania U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (unknown) Razauskas (unknown) 15. Was Deceased Ever in U. S. Armed Forces? ADDRESS 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. (duaghter) Same as 217-01-9034 No Mrs. Pauline Ruth Meushaw None CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) IMMEDIATE CAUSE Coronary occlusion LEADING TO DEATH Immediately (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, osthenio, etc. Il means the disease, injury or camplication which caused death.) About ANTECEDENT CAUSES Hypertensive cardiovascular disease 4 years DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION last. (c)____ Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20 A. AUTOPSY? (Yes or Not 20 B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED CERTIFI IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) DEATH (notify medical examiner) etc.) MEDI 21 D. TIME (Hour) 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) 21 E. INJURY OCCURRED OF INJURY Not While While At (A PPROX.) At Work Work December 22. I certify that (I) (this haspital) attended the deceased fram November 24. 69 ...ond that in (my) (out) opinion death accurred on the date that (1) (we) lost saw the deceased alive an and hour and from the causes stated above. (1) (Me) (did) (Minimat) view the body after death. 238, DATE SIGNED 12/2/69 Attending [ Med. Staff Phys. Director L 23C. PHÝSICIÁN S 23D. ADDRESS NAME (Type) Cathedral St. Baltimore. Md. 516 Ernest Marr. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Holy Redermer Burial 12/5/69
2SA. DATE REC'D BY HEALTH DEPT. Baltimore. 25C. FUNERAL DERECTOR Glen Burnie, Md VS 150-REV. 1/1/68

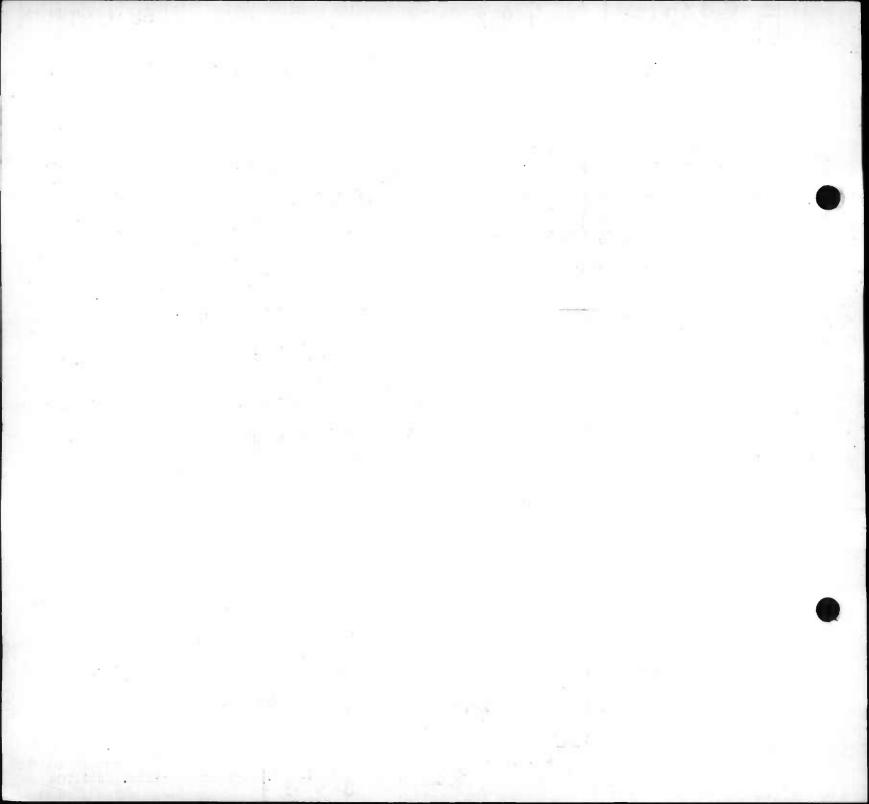
This man has been under my care for about five years for Hypertensive cardio-vascular disease. He was seen by me on November 24, 1969. This manacame to see the undersigned at 10 o'clock a.M. but was not seen by me because while sitting in the chair in my office he suddenly slumped in the chair. The secretary sent him by Fire Department Ambulance to the Maryland General Hospital Emergency Room. About a half hour later he expired. It is my opinion that he died of an acute Coronary occlusion and myocardial infarct.

Ernest G. Marr, M. D.

M-246	69 11956		HEALTH DEPARTME	PEG NG	69 11956
BIRTH NO.		CERTIFICA	TE OF DEAT	TH ************************************	
T, NAME OF DECEASED (Type or Print)	Evelyn A. M. EVELYN	ANNE		ecember 1, 196	
3. PLACE IN BALTIMORE, MAI SOUTH BALTIMO FULL NAME OF HOSPITAL OR ADDRESS INSTITUTION BE	re General Ho IN HOSPITAL OR INSTIT S OR LOCATION)	spital	A. STATE B.	B3//4 D. IN:	SIDE CITY LIMITS?
43 GENERA	L HOSPIT.	AL	E. STREET AND NUM		
5. SEX 6. RACE Female White		NEVER MARRIED DIVORCED	B. OATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
toA. USUAL OCCUPATION (Give done during most of working life, eve Tin Mill	n if retired)	teel Co.	11. BIRTHPLACE (Stote MARYLB		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME JOHN MUST	4		14. MOTHER'S MAIDE		-
15. Was Deceased Ever in U. S. (Yes, no or unknown) (If yes, give No	Armed Forces? war or dates of service)	16. SOCIAL SECURITY NO. 218-03-1397	Mr. Edward	phew: 19 C Musil, Finksbur	lydesdale Road
injuly or complication when ANTECEDEN  DISEASES OR CONDITION rise to the above of Underlying Condition  Underlying Condition  Other significant condition to the Death but not reference.	T CAUSES ONS, if any, giving ouse (A) stoting the N last.	(c) METAS	HYDROTHO SACONSEQUENCE OF: TATTIC OVAK LOMINAL	IAN CARCINO	OMB
O OTHER SIGNIFICANT COND TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE SIGNIFICANT COND TO THE SIGNIFICANT COND TO THE SIGNIFICANT COND TO THE SIGNIFICANT COND TO THE SIGNIFICANT COND TO THE SIGNIFICANT COND TO THE SIGNIFICANT COND TO THE SIGNIFICANT COND TO THE SIGNIFICANT COND TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO THE DEATH BUT NOT RI TO TH	198. CONDITION FOR WAS PERFORMED		20A. AUTOPSY? (Ye	s or No.) 208, IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAU DEATH (notify medical exam	ISE OF honetc.	ne, form, foctory, street, o	iffice bldg., INJURY OCC	ID INJURY OCCUR?	
OF INJURY (APPROX.)		nile At Not Whi	le 🗂	- A	
22. I certify that (I) (thi that (V) (we) last saw th ond hour ond from the c	e deceased alive on.	11/30		ond that in (my) (out) of	20 1969 Dinion death accurred an the dote
23A. SIGNATURE    Company    hawker	1117	ending Med. pirector 23D. ADDRESS	Shoff S	December 1, 1969	
24A. BURIAL CREMATION, 24	D. DATE 24C. N	AME of CEMETERY OF CR			City, town, or county) (State)
REMOVAL (Specify)	0 10 100	hemian Nation		Baltimore, 1	
2SA. DATE REC'D BY HEALTH		OF REGISTRAR	2SC. FUNERAL DI	RECTOR	AODRESS
VS 150-REV. 1/1/6B	1	10	0 7 1	Ų	21222

1.9 1/86/21 X, 

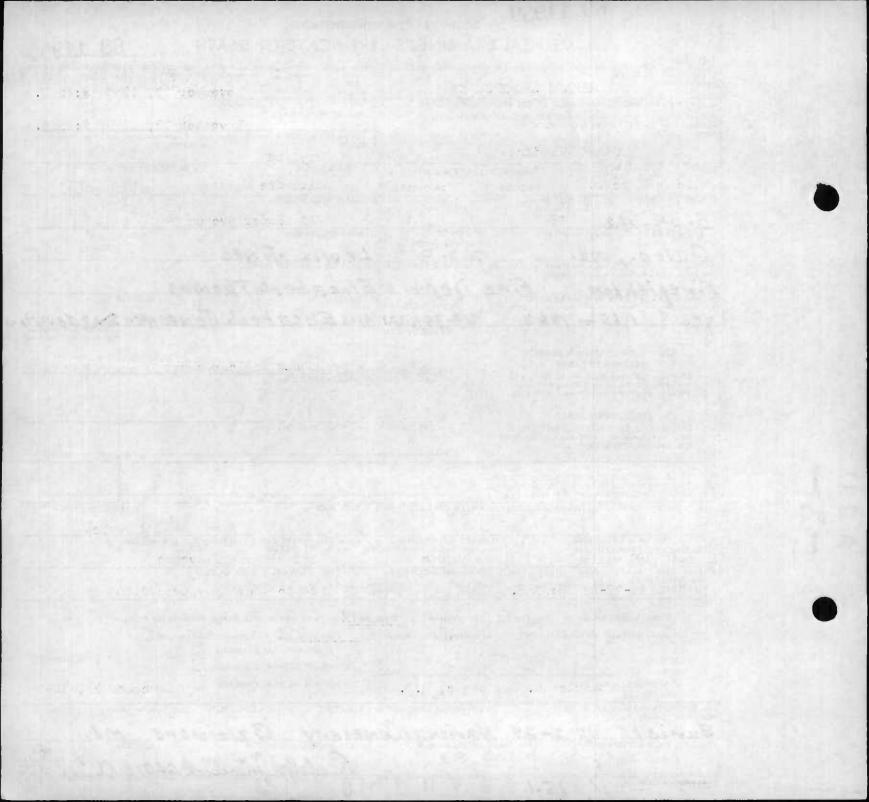
	1606 69 119	BALTIMORE CITY	HEALTH DEPARTMENT	68	9 11957
1	7-000	CERTIFICA	TE OF DEATH	REG. NO.	11001
	TH NO.	1 / /	2 DATE AN	D HOUR OF DEATH	
	pe or Print)	1. / . /	11.20	10	11:21 Dun
-	1000018 11010	henhahn	14 HEHAL RESIDENCE (When	e deceased lived. If institution	on: residence before odmission)
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE & B. COUN	7)	in; residence before damission)
ELL	LL NAME OF (IF NOT IN HOSPITAL OR IN	STILLTON GIVE STREET	mal 11	Joth City	15/2
HC	SPITAL OR ADDRESS OR LOCATION)	SITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CI	TY LIMITS?
IN	TUTION		#all.	YES	
1		5 91	E. STREET AND NUMBER	163	100
1/2	$M_{\rm col}$	1 1	E. SIREET AND NOMBER	1 11.	
1	YARDON DIEW 11.	<u> </u>	2800 Shi	eley NUC	-1
5. 5	6. RACE 7- MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE/In years If L lost birthday Mon	Inder 1 Yr. If Under 24 Hrs. ths Doys Hours Min.
	7 // WIDOW	VED DIVORCED	1-21-85	84 23	
IOA	USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country) 12.	CITIZEN OF WHAT COUNTRY?
don	during most of working life, even I per red	1) /	0.0		
IV	DALHO. City Tolice -	Pepti	MIREY IAM	10	USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAA	ME	
	Henry Wilson		11.01		
126	<u> </u>	11 / 22 -121		nown	ADDRESS
(Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	2800 Shire	
	No	211-341 420	Frank Walter	Balto. 212	
-	18. / / / Э ¬	CAUSE OF DEAT	/	Barto. 212	APPROXIMATE INTERVAL
	7/0.3	CAUCAL OF BEAT			BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		C - Q 1 +	0 1	.//2
	(This does not mean the made of dying,	(A) IMMEDIATE CAL		my son	//64
	heart failure, asthenia, etc. It means the dise		A CONSEQUENCE OF:		
	injury ar camplication which caused death.)			595	
H	ANTECEDENT CAUSES	" arter	relente lent	- clesen	news
	DISEASES OR CONDITIONS, if any, give	ing DUE TO, OR AS	A CONSEQUENCE OF:		
H	rise to the above cause (A) sloting		- t -11		10
	UNDERLYING CONDITION last,	(c)	UND OVER	2	AL COM
	11				
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION				
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL			
	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No		NGS CONSIDERED
CERTIFIC	WAS PERFORMED			IN CERTIFYING CAUSES	OF DEATH?
1 3	21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(II in Baltimore City	give exact location
₽ H	OR CONTRIBUTING CAUSE OF	home, form, factory, street, of	fice bldg., INJURY OCCUR?	,	•
U	DEATH (notify medical examiner)	610.			
	21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
1	(APPROX.)	While At Not While Work At Work			1
				(0	1-0-19
	22. I certify that (I) (this haspital) attend	ed the deceased from	2/27 1	19 <u>6</u> 7 ta/	19.6.
	that (I) (we) last saw the deceased alive	an /// > 9	19 6 7 and the	at in(my) (aur) apinian	death accurred an the date
	and have and from the causes stated abov	e. (I) (We) (did) (did not)			
	23A. SIGNATURE	4	Tow The body and deaths	238.	DATE SIGNED
	- m	Atte	nding Med.	Staff	
	willary	GEGREE Phy	s. Director	Phys.	11/32/19
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1 4-1	- 0
	Al, AN H	MACNIT MO	VE Red	1 63	ex Mo your
24	A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CR	MATORY 24D. 14	OCATION (City, to	wn, or county) (State)
112-47	REMOVAL (Specify)	C	240. 21	10119, 101	on overlight toloids
	Burial 12-2-69	Glen Haven Ceme	terv	Anne Arundel	Co. Maryland
25	A. DATE REC'D BY HEALTH DEPT. 258 NA	Glen Haven Ceme	25C. FUNERAL DIRECTOR		
1	PO 9000 01 4 C FA	4. 12.		[2] Tohnson	Loch Raven Blv
I	150-REV. 1/1/6B		William E.	Junison Balt	o. Md 21204
A 2	190-ME 7 1/ 1/ 00	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	1 0 / 1 1		



	BALTIMORE CITY HEALTH DEPARTMENT
	CERTIFICATE OF DEATH  REG. NO. 69 11958
1.	NAME OF DECEASED 11 BYM DOLLS  2. DATE AND HOUR OF DEATH  11-26-69  300 N
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmissian)  A. STATE  B. COUNTY
.II.H	DLL NAME OF OSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
17	THE JOHNS HOPKINS HOSPITAL BALTIMORE YES NO
5.	SEX   6. RACE   7. MARRIED   B. DATE OF BIRTH   9. AGE (in years   House 24 Hrs.   Months   Dave   House 3 Might   House 3 Migh
0 11	FEMALE NEGRO WIDOWED DIVORCED 4-28-74  A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)  12, CITIZEN OF WHAT COUNTRY
	ne during most of working life, even if retired)
13	JONESTIC ATLANCE BUCKINGLAM CO., V2.
Ġ	01 0
15	Wos Deceased Ever in U. S. Armed Forces?  ADDRESS Security No.  16. SOCIAL SECURITY NO.
	NO 220-46-6010JI Mrs Editlo Gree-ory 2210 F. Biddle St.
_	18. 24/0.91 CAUSE OF DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
	(This does not mean the mode of dying, e.g.,  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:
	heart failure, osthenia, etc. It meons the disease, injury or camplication which caused death.)
	ANTECEDENT CAUSES (D) ASC VP
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
	rise to the above couse (A) stoting the UNDERLYING CONDITION last. (C)
N	, II
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL
CEPTIEL	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
COTIL	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
CAIA	OR CONTRIBUTING CAUSE OF home, factory, street, affice bldg., INJURY OCCUR?
A S D	
AA	(APPROX.) Work At Work
	22. 1 certify that (1) (this haspital) attended the deceased fram 19 66 to 100 26 19 69
	that (1) (ye) last sow the deceased alive on 000 20 19 69 and that in (my) (our) apinian death accurred on the date
	and hour and from the causes stated above. (1) (We) (did) (did) view the body after death.
	23A SGN TURE 23B, DATE SIGNED Attending Med. Staffe 2
	OEGREE Phys. Director Phys.
0	HAYDEN BRAINE OFFICE JOHDS HOPKINS HOSP
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stole)
2	DUNIA 12-1-69 NTI BULLINN CN. 132/tIMONE, Mar
	DEU3 1303 . 18 9 6 9 0 0 18 gudeld Of Mil 24218 Min St.
/:	150-REV. 1/1/6B

Walter Harrison & minutes !! to Novice the X 11-21-07 HAYDEN BRAINE I HOPEINS HELD 69 11959

1-502	0				LTIMORE CITY HE							
0		MED	ICAL	EXA	MINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO.	69	110	50
BIRTH NO.									KEG, NO,.		ن بلساست	لزبال
1. NAME OF DEC		RLES :	LARRY	JONI	ES	2. DATE OF DEATH	Knawn A	Month	Doy ber 27.	Year 1969	9:15	D
4. PLACE IN BALT						3. DATE		Month	Doy	Yeor	Hour	L . M.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN	HOSPITAL	OR INST	ITUTION,	GIVE STREET		INCED DEAD	Novem	ber 27.	1969	9:15	Р. м.
42	Sinai	Hosp:	ital			A. STATE	SIDENCE (Where	deceased liv	ed. If institution B. COUNTY	residence b	efore admis	sion)
6. SEX	7. RACE			ED N	EVER MARRIED	C. CITY OR	laryland TOWN		D. INSIDE CI	TY LIMITS?		
Male	Negro		WIDOW		DIVORCED .	E	altimore		YE	s 🗆	NO 🗆	
9. DATE OF BIRTH		AGE (In	yeors	If Under Months , [	1 Yr. If Under 24 Hrs. Doys , Hours , Min.	E. STREET A	ND NUMBER					
3-29-	421	27					811 Snade	r Aven	ue			
11. BIRTHPLACE (S	tote or loreign co	ountry)		12. CITIZ	EN OF T COUNTRY?	13. FATHER	S NAME					
Balto	1nd	,		71	SIA	Len	is eter	ves				
14A.USUAL OCCUI done during most of w			4B. KIND	OF BUSI	NESS OR INDUSTRY	15. MOTHER	'S MAIDEN NAM	iE .				
FINELIA 16. WAS DECEASE		ARMED	FORCES	2 117	Social social	B. INFORM	2.beth	Thou	vas	DDRESS		
(Yes, no or unknown)	(If yes, give wor	or dotes o	service)		SECURITY NO.		711	1 7				-
119.	1965 -	196	X	2/	3-38-533/ CAUSE OF DEA	VYINS E	1123.KE	this	ONESH		PROXIMATE IN	TERVAL
E96	6 X1				CAUSE OF DEA	in					EEN ONSET A	
	OR CONDITIO		TLY									
	EADING TO DE		og. é.g.,		(A)IMMEDIATE	AUSE STA	bwound of	left	chest			
heart foilure,	osthenia, etc. It m	eons the	diseose,		DUE 10, OK 2	AS A CONSEQU	DENCE OF!					
										917		
	STECEDENT CAL		0111110		(B)	AS A CONSEC	UEVICE OF					
RISE TO THE	ABOVE CAUSE	(A) STATI	NG THE		DOE 10, OK	AS A CONSEG	DENCE OF:			N J		
Z	IG CONDITION	LAST.			(c)							
E .	- 11											
O THE DEA	IFICANT CONDIT LTH BUT NOT REL CONDITION GIV	ATED TO T	HE TERMI	NG NAL	***************************************							
20A. DATE OF	OPERATION 2	OB. CON	DITION	OR WHI	CH OPERATION WA	S PERFORM	ED			21. AUTO	PSY? (Yes o	r No)
										V	es	
	AL CAUSE WAS			22B. PLAC	E OF INJURY (e.g.,	In or obout 22	C. WHERE DID (	f In Boltimore	City, give exa	ct location)	C0	
UNDERLYING CAL	XOR CONTRIBUSE OF DEATH.	<u>.</u>		nom e, iorn	house	e bldg., etc.) IN	4309 Ridge	ewood	Avenue	2841		
	Month) (Doy)	(Yeor)	(Hour	) 22E.IN	JURY OCCURRED	23	F. HOW DID INJ	URY OCCU	R?			
OF INJURY (APPROX.)	1-27-69	8:55	5 P.	m. WHILE	AT NOT	WHILE ORK	Stabbed di	uring	alterca	tion		
23.				-					artorea			
I certi	fy that I held	on In	quiry L	Ins	pection Au	opsy X	ond that on th	ls basis, a	eoth in my	oplnion		
result	ed from: Notu	rol cous	es 📙	Aceld	ent Suicid	e Ho	micide X	Indetermin	ed manner	]		
ACTUAL	00	0		)).		C	HIEF MEDICAL E	CAMINER			DATE SIGN	IED
SIGNATU	IRE Ma	re	し、	de	Jaly M.D	ASSIS	TANT MEDICAL EX	AMINER	K		DAIE SIGN	NED
EXAMINE NAME (T	Ulidi	les S	. Sp	ringa	ite, M.D.		CIATE MEDICAL EX	(AMINER	Nove	ember	28, 19	69
24A. BURIAL CREM REMOVAL (Specify	ATION. 124B.	DATE		24C. N	AME of CEMETERY	or CREMATO	RY 24D. L	OCATION	(City, town	or county)	(Stot	e)
Bunia	1 10	-5-	69	1/2	+inN211C	mere	01/13	2/4:	MENP	M	1.	
	BY HEALTH DEP	T.	25B. N	AME OF	REGISTRAR	25C, F		R	AI	DDRESS	( )	
DEC 3	1969	27.3	E. 30	Bles,	ACD.	Ra	100000	400	· le 211	1150	11.	O.L
VS 151 DEV 1/1/40	1244		1	-,-	A B :-	1 Chil	MARKET	LALL	CK-VY-3	16000	wer	DU.



55-	-82 <b>-</b> 53 d <b>j</b> s	
	and sath the the	BIRTH NO.
	- 0 0 0	1. NAME OF DECEASED (Type or Print) GEORGE FINNEY  2. DATE AND HOUR OF DEATH
	o co c	Dec. 134 1969 1:30 D.
	at 6 Do	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)  A. STATE B. COUNTY
	hospit use of (5) De dance death	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  Maryland  804
	cau use; tend	INSTITUTION D. INSIDE CITY LIMITS?
	in g g g aus	MOAO Fastorn Avenue YES NO
	P.E.O.B.E.	Paltimona Manuland 21224
	but hed lar	S SEV
4		MARRIED NEVER MARRIED 15. DATE OF BIRTH 19. AGE (in years   11 Under 1 Yr.   11 Under 24 Hrs.   Months; Doys Hours; Min.
	occu ontri ermi regu easec is mi	10A USUAL OCCUPATION City bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird of the bird
	the contract	done during most of working life, even it retired)  12. CITIZEN OF WHAT COUNTRY?
	dea or Und as i	13. FATHER'S NAME U.S. A.
	if deect (4) Ur was the sposi	14. MOTHER'S MAIDEN NAME
1	L - W	John FINNEY Bivans, Many
ANI	B B B 0-	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (iii yes, give wor ar doles of service)  16. SOCIAL SECURITY NO.  17. INFORMANT A940 Fastern Avenue
7	ssist the the kir de nce	NO SECURITY NO. 213-09-0025A BCH: Records Baltimore, Maryland 21224
ORT		18. / / O / / APPROXIMATE INTERVAL
MP	his of an of an unce	DISEASE OR CONDITION DIRECTLY
	Also, if re of any nounced attenda	LEADING TO DEATH  [This does not mean the mode of dying, e.g., DUF TO OR AS A CONSEQUENCE OF.]  [This does not mean the mode of dying, e.g., DUF TO OR AS A CONSEQUENCE OF.]
.:	ner. Ictur pron lar	hearl failure, asthenio, etc. It means the disease, injury or camplication which caused death.)
ō	fra o god	ANTECEDENT CAUSES ASCVD and CVA OCt. 28th 1969
5	A A A Why	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
IRE	6 ⊕	inse to the above cause (A) stating the UNDERLYING CONDITION last. (C) Lt. humparisis, aphasia, BP14, Pypria
	0 8 8 2 2 2	Z II Cos Pul monal
AL		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
K	FLOO	DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION 2004. AUTOPSYSTEES OF No. 2014. HE FINDINGS CONSIDERED
UNER	by a r by a r 2) Body re the p physici	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
교	0 2 0 4 0 l	On CONTRACT OF INSURING THE DID VIII IN BOllimore City, give exact location)
	hospital hospital ature; (2 pt wher (6) No prined bef	OR CONTRIBUTING CAUSE OF home, lorm, loctory, street, office bldg. INJURY OCCUR?
	ospita ature; pt whe (6) No	21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	hosi natu d (6) aine	While At Not While At Work
	0 5 5 5 5	22 Landily show (Water to 197) and the transfer of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st
	an)	that (1) (we) last saw the deceased alive on Dec. 18th 1969 and that in (ms) (aux) opinion death accurred on the date
	assed to dent of ospital death) nust be	The date
	eased eased ident nospit deat must	and haur and from the causes stated abave. (I) (We) (did) (did nat) view the bady after death.
	3 6	23R DATE SIGNED
	releacci	239. PHYSICIAN'S NAME (Type) [1] Attending Med. Shaff Director Phys. Director Phys. Director Phys. Director Phys. Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Director Direct
	This certificate make body was relishows: (1) An accivate b.O.A. at a keeceased prior to written approval	[A <l, 212<="" ammad-foad]="" and="" doubles="" of="" printed="" td="" the=""></l,>
	A P B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24B. LOCATION (City, town, or county) (Stote)
	certi body vs: (1 D.O. assed	Bunial 12-5-69 Mt Calvany Course Du Dan 11/2 M1
	This certif the body shows: (1) was D.O./ deceased written a	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C, FUNERAU DIRECTOR ADDRESS
		Sandolal Mallert 24316 (Wille) St.
		VS 150-REV. 1/1/68

The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th

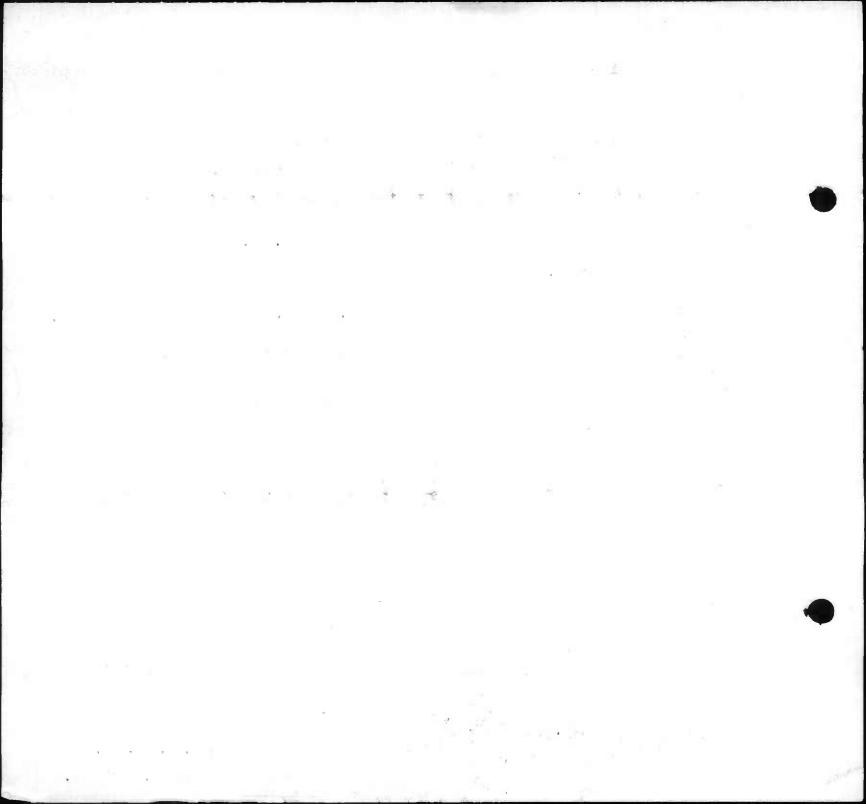
## IMPORTANT DIRECTOR: FUNERAL

CERTIFICATE OF DEATH the death occurred in a hospital and t or contributing cause of death Undetermined cause; (5) Deceased I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) E O death. ance FULL NAME OF Maryland HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN attend Baltimore 0 prior E. STREET AND NUMBER Good Samaritan Hospital made regular 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED deceased last birthdoy) Female White 1/05/90 WIDOWED X DIVORCED disposition is 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) done during most of working lite, even if retired) At Home Georgia Housewife Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the Jennie Ezeikiel Henderson
15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (II yes, give wor or dates of service) Dannie death E O 6. SOCIAL 17. INFORMANT or final SECURITY NO. attendance Mrs. Patricia Ritter any pronounced CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This daes not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the diseose, gular injury ar camplication which caused death.) who ANTECEDENT CAUSES TO, OR AS A CONSEQUENCE OF remains are DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the physician UNDERLYING CONDITION lost. chief medical ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ) (A) S 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION ō WAS PERFORMED YES CERTIF before (2) OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? where hospital ŝ DEATH (notily medical examiner) any nature; MEDI obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 f. HOW DID INJURY OCCUR? 9 approved Not While (except While At (APPROX.) At Work and Work 10/ 22. I certify that (1) (this hospital) attended the deceased fram that (we) lost saw the deceosed olive on. pe o hospital death) ond haur and fram the causes stated abave. (1) (We) (did) (did nat) view the body after death. must accident was release 23A. SIGNATURE Attending Phys. Director ___ 0 approval 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior ŧ Richard J. Owellen M.D D.O.A. 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION deceased REMOVAL (Specily) Meadowridge shows: 25C. FUNERAL DIRECTOR Cully

BALTIMORE CITY HEALTH DEPARTMENT 69 11961 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? NO B YES 1708 Belt Street Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS 1708 Belt St. BETWEEN ONSET AND DEATH (c) age and dialeter mellitue 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) 19 6 2 and that in (my) (aur) opinion death accurred on the date 23B, DATE SIGNED Good Samaritan Hospital (City, town, or county) Dorsey, Howard Co. Md. ADDRESS 130 E. Fort Ave VS 150-REV. 1/1/68

a hospital and

7	K-56(	69	11962		HEALTH DEPARTMENT	REG. NO	69 11962
17.	NAME OF DECE	ASED			2. DATE A	ND HOUR OF DEATH	
		Kinner, Th			Dec	cember 2nd 19	969   12:15 P M
3	. PLACE IN BALT	MORE, MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. If in	stitution: residence before admission
- II H	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION			Maryland c. CITY OR TOWN	D INS	IDE CITY LIMITS?	
		Saint Agnes	Hospital		Baltimore	J. 11431	YES NO
	40		_		E. STREET AND NUMBER		
		Caton & Will	kens Aves.	. 21229	3601 McTavis	sh Ave. 3 212	29
5,	E SEX	Gau	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths: Doys Haurs Min.
	•		WIDOWED X	DIVORCED [	10/7/00	69	
de	one during most of w	PATION (Give kind of war) arking life, even il retired)	108 KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or lar	eign country)	12. CITIZEN OF WHAT COUNTRY
		ewife	At	Home	Balto. N	Id.	USA
13	FATHER'S NAM	\E			14. MOTHER'S MAIDEN NA	ME	0.01
		Charles W.	Hindle		Marie Spend	er	
15	. Was Deceased	Ever in U. S. Armed Far (If yes, give war at date	cos? 16	SOCIAL	17. INFORMANT		ADDRESS
	Non	wi yes, give war ar acie	di servicei	SECURITY NO.	Man Manus E C	242- 2007 7	(13)
	18.	11.121 0		CAUSE OF DEAT		buten 3001 I	lac Tavish Ave.
W	DUSEASI	OR CONDITION DI	RECTLY				BETWEEN ONSET AND DEATH
15	10	EADING TO DEATH		(A) IMMEDIATE CAU	Myocardial	Infarctio	on Acute Marit
14	This does no	I mean the mode of istherio, etc. It means	dying, e.g.,		CONSEQUENCE OF:		
4	injury or comp	lication which caused	deoth.)				
-	A	NTECEDENT CAUSES		Coror	ary Artery D	istase	loins.
#	DISEASES OF	CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	*********************	
#	UNDERLYING	above couse (A)	sloling lhe	(c)			
	1	II		(0/	***************************************		**************************************
2	I OTHER SIGNIFIC	CANT CONDITIONS CO.	NTRIBUTING				
A T	DISEASE OR CO	BUT NOT RELATED TO THE NOTION GIVEN IN PAR	HE TERMINAL	*************	**************		
	110A DATE OF	PERATION 198 CON	DITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or N	a) 208. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
EN PER	0					IN CERTIFING CAT	JSES OF DEATH?
110	OR CONTRIBUT	WAS UNDERLYING CAUSE OF	21 B. PL./ hame, f	CE OF INJURY (e.g., in factory, street, of	ice bldg., INJURY OCCUR?	(If In Baltimare	a City, give exact location)
) a	21D. TIME	Manthi (Doyl (Year)	(Hauri 21 E. IN.	JURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
1/2	OF INJURY (APPROXI		While A	Nat While			
	22 1	hat (1) (this haspital	Wark	At Wark	2/2	(4)	1129 69
		ast saw the decease		leceased from	19 (29 and a)	.19ta	
1					ulid II		nion death accurred on the date
1/	23A. SIGNATUR	tram the causes stat	ed above. (1) (Y	(e) (dld) (dld nat) v	ew the bady after death.		
1		18 Jus		Atte	ıding 📆 Med. ┌┐	۲ سال ا	23B, DATE SIGNED
	225 BUYSICIAL	1/8000		DEGREE	Director L	Shaff Phys.	12/2/69
	23C. PHYSICIAN NAME (Ty	el			3D. ADDRESS		
		Ema	anuel S. I		107 E. West	Street	
24	A. BURIAL CREM REMOVAL (Sp	ATION, 24B. DATE	24C. NAME	al CEMETERY of CRE	MATORY 24D. L	OCATION (Cit	y, town, ar county! (State)
	Burial			Cedar Hill	Br	ooklyn, A. A	. Co. Md.
25	A. DATE REC'D	Y HEALTH DEPT.	258 NAME OF R	EGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
	DECS	THEY CALLE	: Vadole,	F. G. D. C	Mc Gully	130	E. Fort ave.



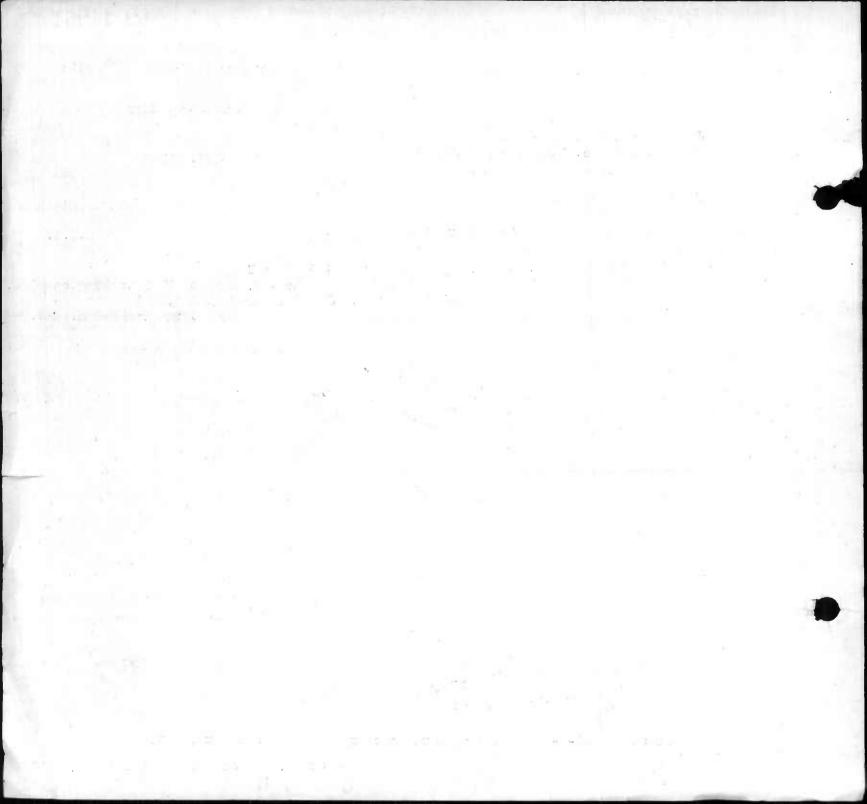
## J-525 69 11963 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF	DEATH.
---------	-------------------	-------------	----	--------

0	MED	DICAL EXAMINER'S	CERTIFICATE OF	DEATH	69 11963
BIRTH NO.				REG. NO.	00 11000
I. NAME OF DEC		N JOHNSON	2. DATE Known X	Month Day	Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			DEATH Estimated   3. DATE	November 27,	1969 9:08 A.M.
FULL NAME OF		AL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	November 27.	
OR INSTITUTION	Union Memor	rial Hospital	5. USUAL RESIDENCE (Where A. STATE Maryland	deceosed lived. If institution B. COUNTY	n: residence befare admission)
6. SEX	7. RACE	8. MARRIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE C	ITY LIMITS?
Male	Negro	WIDOWED DIVORCED	Baltimore		ES NO
9. DATE OF BIRT	H IO.AGE (Ir		E. STREET AND NUMBER		
4.23	34		1907 E	20th Street	
11. BIRTHPLACE (S	State or fareign country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	0.0	
AN USUM DECL	DO NO	148. WIND OF BUSINESS OR INDUSTR	( ) ( ) ( ) ( ) ( )	Jen	
done during most of v	orking lile, even If retired)	HIR Force	Marks MAIDEN NAM	1 /	3. hu
	ED EVER IN U.S. ARMED		18 INFORMANT	) D A	DDRESS 00
yes	Gelene I	willy !	your >	busin-	- alowe
78	3,1	CAUSE OF DEA			BETWEEN ONSET AND DEATH
	E OR CONDITION DIREC	стіу Ма.	ssive respiratory	r tract hemori	chage
(This does n	LEADING TO DEATH of mean the made of dy	Ing. e.g. (A)IMMEDIATE	AS A CONSEQUENCE OF:		
heart lailure	, asthenia, etc. It means the application which coused dec	diseose,	AS A CONSEQUENCE OF:		
	MECEDENIA CALIFEC				
	NTECEDENT CAUSES OR CONDITIONS, IF ANY E ABOVE CAUSE (A) STAT	GIVING (8)	AS A CONSEQUENCE OF:		
I DINDERGITE	E ABOVE CAUSE (A) STAT NG CONDITION LAST.				
<u> </u>	11	(c)	*****		
OTHER SIGN	IFICANT CONDITIONS CO	ONTRIBUTING			
DISEASE OR	ATH BUT NOT RELATED TO CONDITION GIVEN IN PA	ART 1 (A).			
OTHER SIGN TO THE DE DISEASE OR 20A. DATE OF	OPERATION 208. CON	NOTION FOR WHICH OPERATION W	AS PERFORMED		21. AUTOPSY? (Yes or No)
	NAL CALLOS WAS				Yes
UNDERLYING	NAL CAUSE WAS  OR CONTRIB- USE OF DEATH.	hame, farm, factory, street, offic	in or about 22C. WHERE DID (in bldg., etc.) INJURY OCCUR?	if In Boltimore City, give exc	oct location)
≥ 22D. TIME	(Month) (Day) (Year	) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)			WHILE ORK		
23.	ify that I held on I				
				is basis, deoth in my	
resum	ted from: Notural cou	ses Accident Suicid		Indetermined manner L	
ACTUAL	1 1 1 1 1 1 1	8) 1 = 6	ASSISTANT MEDICAL EX		DATE SIGNED
SIGNATO	FR'S	M.D	ASSOCIATE MEDICAL EX	(AMINIED	
NAME (T	ype) Charles	S. Springate, M.D.		Nov	ember 28, 1969
24A. BURIAL CREM REMOVAL (Special		24C. NAME of CEMETERY	or CREMATORY 24D. L	OCATION (City, fowr	or county) (State)
25A. DATE REC'D	BY HEALTH DEPT.	258. MAME DE AECISTRAK	25C AUNERAL DIRECTO	) A	DDRESS
SEC 8	1969 Para E	January	What d. 13	anguez.	Sevenne MK
(E ) E1 DEV 3/3/40			11. 11. 11.		

VS177-Dr.Springate

V	BALTIMORE CIT	Y HEALTH DEPARTMENT REG NO 69 11964				
BIRT	-452 69 11964 CERTIFICA	ATE OF DEATH				
	AME OF DECEASED	2. DATE AND HOUR OF DEATH				
	Anna K. Klingebiel	December 1, 1969 12:55 Pm.				
3. P	PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY				
INS	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland Baltimore City Criowing Baltimore, D. INSIDE CHYLIMITS?  Baltimore, YES A NO				
	Jenkins Memorial Hospital	E. STREET AND NUMBER				
1	1000 Caton Ave. Baltimore, Md.21229	2603 Washington Blvd. 21230				
. S	Female White WIDOWED DIVORCED	B. DATE OF BIRTH  3/7/1895  9. AGE (In yeors   If Under 1 Yr.   If Under 24 Hrs.   Months   Doys   Hours   Min.				
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
	Meat cutter Food Fair Stores	Maryland U.S.A.				
3. 1	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	Frederick Klingebied	Katherine Veiss				
S. V	Wos Deceosed Ever in U. S. Armed Forces?  (If yes, give wor or dotes of service)  No.	Jenkins Memorial Hospital				
	18. CAUSE OF DEA'	1000 Goton Ama Polto Mi				
ATION	heort foilure, osthenio, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	USE CARCINOMA OF BREAST  A CONSEQUENCE OF:  S A CONSEQUENCE OF:				
CAT	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED				
RTIFIC,	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?				
AL CE	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., OR CONTRIBUTING   CAUSE OF   home, form, foctory, street, etc.)	in at about 21 C. WHERE DID (If in Baltimore City, give exact location) office bldg., tNJURY OCCUR?				
	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
×	(APPROX.)  While At Not Wh					
	Work La At Work					
	22. 1 certify that (+) (this haspital) attended the deceased from NOV. 12 1969 to DEC. 1 1969.					
	that # (we) last sow the deceased alive on DEC	19 67 and that in (my) (our) opinion death occurred on the date				
	and hour and from the couses stated above. (4) (We) (did) (didnet)					
	23A. SIGNATURE HOLD F. Hartman OEGREE PH	tending Med. Staff Med. Director Phys. D				
	23C.PHYS/CIAN'S NAME (Type)  AND F HARTMAN M.O.	23D. ADDRESS 422 MED. ARTS. BLOG. 2120/				
24A	DEGREI  BURTAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CI REMOVAL (Specify)					
	Burial 12-4-69 Loudon Park Cem	etery Baltimore, Maryland				
2SA	. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS				
0	EC 8 1969 Mas E. Jase, File	Howard H. Hubbard 4107 Wilkens Ave. 21229				
^2	1S0-REV. 1/1/6B					



<b>}</b>
-
•
04
0
~
$\mathbf{z}$
**
Œ
0
Ü
ш
2
•
04
W
7
Cha.

BALTIMORE CITY HEALTH DEPARTMENT 69 11965 REG. NO. CERTIFICATE OF DEATH pital and of death Deceased Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
DECEMBER 1, 1 uo (Type or Print) (BETRONSKY) MARY D. PATROSKY 969 hospital death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence A. STATE

B. COUNTY ance (2) cause MARYLAND BALTIMORE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (4) Undetermined cause; attend D. INSIDE CITY LIMITS? 0 0 BALTIMORE YES NO X ST. AGNES HOSPITAL prior contributing E. STREET AND NUMBER occurred 21227 1505 KNE CHT AVE is made. regular 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. Months! Days MARRIED NEVER MARRIED If Under 24 Hrs. deceased last birthday Hours 08/15/88 FEMALE WHITE WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY? = disposition death done during most al working life, even if retired) the direct or HOUSEWIFE XXXXXXXX LITHUANIA U.S.A. Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ANTHONY DELTUVA EVA MAZZAKAS assistant death 0 (3) A fracture of any kind; 15. Was Deceased Ever in U. S. Armed Farces? (Yes,no ar unknown) (II yes, give war ar dates of service) 6. SOCIAL 17. INFORMANT ADDRESS final MILDRED SCIUKAS 914 FRANCIS AVE 21227 GNES HOSPITAL RECORDS SECURITY NO. attendance 0-12-4224 AGNES 18. pronounced CAUSE OF DEATH 9 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE Withe (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: hearl failure, asthenia, etc. It means the disease, examiner examiner. regular injury ar complication which caused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) 00000 stating the Ξ where the physician No physician was in by the chief medical remains UNDERLYING CONDITION last a medical any nature; (2) Body burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). the 198 CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES before to the hospital by 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 218, PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID home, form, fectory, street, allice bldg., INJURY OCCUR? (If In Baltimore City, give exact location) MEDICAL DEATH (notify medical examined) elc.) obtained 21D. TIME OF INJURY (Month) (Day) (Year) (Hous) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved Not While (except White At p (APPROX.) and At Work NOVEMBER 22. I certify that (I) (this haspital) attended the deceased from DECEMBER that (1) (we) last sow the deceased alive on DECEMBER 69 ond that in (my) (our) apinion deoth occurred on the date shows: (1) An accident of death) hospital his certificate must be the body was released and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. must 23 A. SIGN AT URE 23 B. DATE SIGNED Attending [ 12-1.6 Med. 0 written approval 8 DEGREE 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior BALTO at HOSP; CATON & WILKENS AVES. AGNES was D.O.A. 24A- BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION deceased BURIAL 12-4-69 HOLY REDEEMER CEMETERY BALTIMORE, MARYLAND 2SA. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR HOWARD H. HUBBARD 4107 WILKENS AVE FR. BE VS 150-REV. 1/1/68

7 16 27 722-27 7 7 The latter of the Article of the State of

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1	1	3-414 69 11966 CEPTIFICA	HEALTH DEPARTMENT		
20	RID	TH NO. CERTIFICA	TE OF DEATH X REG. NO. 69 11966		
the	1.1	NAME OF DECEASED	2. DATE AND HOUR OF DEATH		
		pe or Print BOGAR H. BEALEFELD	11/30/69 4 Am		
death.	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY ARROLD II Institution: residence before admission		
de de	FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. BALTIMORE Co. 56200		
. T	IN	STITUTION ADDRESS OF LOCATION)	C. CITY OR TOWN  D. INSIDE CITY LIMITS?		
0	13	ON SACO-RS HOSPITAL	ME. Airy YES NO BE. STREET AND NUMBER		
		34	BENNETT BRANCH ROAD		
gular sed pr made.	5. 5	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr., If Under 24 Hrs. Months; Doys; Hours; Min.		
in regul eceased on is ma		WIDOWED DIVORCED	10/08/02 67		
T L	don	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY eduring most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
th was in the dec		Insurance Collector.	Haryland USA.		
the pos	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
isp		barney Bealefold	Fast manie ( Temporone)		
	15. (Yes	Wos Deceased Ever in U. S. Armed Forces?  s,no or unknown) (If yes, give wor or doles of service)  SECURITY NO.	17. INFORMAN BERTHA M. BEALEFELD ADDRESS		
ם ביים		No waterown 28-09-9860	Pahenes admission data.		
endar d or f		18. 153.0 I CAUSE OF DEATH	H RFD & MT. AIREY, MD. APPROXIMATE INTERVAL		
unced tenda ed or		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			
0 = =		(This does not meen the mode of dying, e.g.,	ISE Kend Shurdown. 24hrs.		
pron lar bair		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR		
0 00 0		ANTECEDENT CAUSES	eral thrombo amissusm Codays.		
wh are		Diseases Ok CONDITIONS, it any, giving Due 10, Ok As	A CONSEQUENCE OF:		
C.= 0		rise to the above cause (A) stating the UNDERLYING CONDITION tast.	or to Carcinomy Cecim. imont +.		
vsicia was main	-	11			
	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL			
0	ICA	DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994-DATE OF OPERATION 1198- CONDITION FOR WHICH OPERATION	20A_AUTOPSY2 (Yes of No)  20B, IF YES, WERE FINDINGS CONSIDERED		
physic ore th	ERTIFIC,	11/23 = 11/24 WAS PERFORMED & Removal Emster	20A AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
	0	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or contribution) CAUSE OF   home, form, foctory, street, of	n or about 21 C. WHERE DID (If In Baltimore City, give exact location) fice bldg NJURY OCCUR?		
2-2	10	DEATH (notify medical examine)			
	MEDI	21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?		
xcept ind (6 btaine		(APPROX.) While At Not While At Work	/		
obido		22. I certify that 🌎 (this haspital) attended the deceased from	11/22 19 69 to 11/30 19 69		
hospital (e. to death); a		that (I) (we) last saw the deceased alive an	19 and that In(my) (or apinion death accurred on the date		
pit eat ust		and haur and from the causes stated above. (1) (1) (did) (difficity v			
b d			nding Med. Stoff Phys. 9		
r to		Mys Ch. Begree Phys	ading Med. Steff Director Phys. 0 11/30/69		
was D.O.A. at a deceased prior t		W. Caulfield. MB.Chb, DECOME	Roy Con Harris		
D.O.A. sased printer app	24A	BURIAL CREMATION, 248, DATE 24C, NAME OF CEMETERY OF CRE	MATORY   24D. LOCATION (City, town, or county) (Stote)		
D.C		REMOVAL (Specify)			
ds ce	25A	Burial   12-3-69   Glen Haven Cer	metery   Glen Burnie Anne Arundelt Md		
₹9₹		DEC 3 1969 But & Jackey M.D.	Howard H. Hubbard 4107 Wilkens Ave.		

VS 150-REV. 1/1/68

## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	W-426 69 11	BALTIMORE CITY CERTIFICA	TE OF DEATH	X REG. NO	69 11967	
	Type or Print) WALKER, HASK	ELL ANTHONY	2. DATE AN	ABER 30, 1		
	PLACE IN BALTIMORE, MARYLAND, WHERE P	4. USUAL RESIDENCE (Whe	re deceased lived, If i	nstitution residence before admission)		
	ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	MARYLAND		NDEL COUNTY 526		
- 11	Un ST. AGNES HOSP	ARNOLD	D. INS	YES NO NO		
5	CATON & WILKEN BALTIMORE, MAR	YLAND 21229	E. STREET AND NUMBER RT. 2 BOX 6	7	NO E	
- 11	MAIE WHITE MAR	RIED NEVER MARRIED NEVER MARRIED NIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.	
1	A. USUAL OCCUPATION (Give kind of work 10B. KIN one during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or lore	gn countryl	12. CITIZEN OF WHAT COUNTRY?	
	ENGINEER R	ALLEGAS SERVICE	OXLAHO	MA	U.S.A.	
	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	7,0,1	
1	Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	LETITIA	HILDERB		
'	YES WW 2	SECURITY NO. 445036067	ST. AGNES HOS	,	21229ADDRESS -CATON & WILKENS	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  1This does not mean the made of dylng, heart failure, asthenia, etc. It means the dis- injury or complication which caused death.)		CONSEQUENCE OF:			
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gi		A CONSEQUENCE OF:	79 /	Approx 12Hes	
	rise la the abave cause (A) stating UNDERLYING CONDITION last.	the (c) SEA	ARTERIOSCI	EROTIC DISC	5218	
ATION		VAL	****	TP354	***************************************	
ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION E WAS PERFORMED	OR WHICH OPERATION AL HORTIC HNEW	20A-AUTOPSY? (Yes or No)	208, IF YES, WERE F	INDINGS CONSIDERED	
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical exeminen	218 PLACE OF INJURY (e.g., in home, larm, factory, street, olfield.)	or phousi21C WHERE DID	(II in Boltimore	City, give exact location)	
MEDI	21D-YIME (Month) (Doy) (Yearl (Hous) OF INJURY (APPROX.)	21E INJURY OCCURRED  While At  Not While  At Work	21F. HOW DID INJU	IRY OCCUR?		
	22. I certify that (1) (this hospital) attended the deceased from NOVEMBER 29 19 69 to NOVEMBER 30 19 69					
	that (0) (we) lost sow the deceased clive on NOVEMBER 30 19 69 ond that in (MyX (our) opinion decth occurred on the date and hour and from the causes stated above. (NY (We) (did) (did)(xix) view the bady after death.					
	23A. SIGNATURE	•· XiX (Me) (qiq) (前纹XiX) Ai	w the bady ofter death.		23B, DATE SIGNED	
	Kaban ayagen	Atten Phys.	ling Med. Sirector P	hys.	11-30-69	
	23C. PHYSICIAN'S NAME (Type) SABANAYAGAM P	128	ST AGNES HOSE		WILKENS AVE	
	BURIAL 12-3-69	C. NAME OF CEMETERY OF CREATER			(, town, or couply) (Sjote)	
L	BEU 3 1969 And a Zad	AE OF REGISTRAR	John R. Taylo	Annapolis	ADDRESS . Md.	
42	150-REV. 1/1/68					

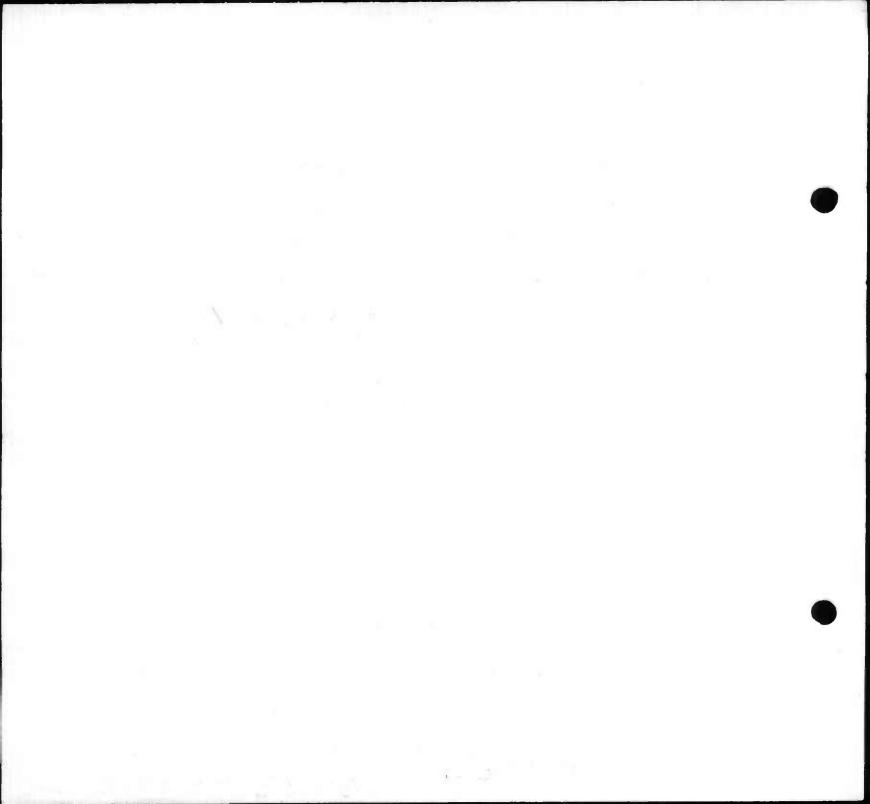
error, mineral a many a company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of t te attract a fall of the fall of 

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

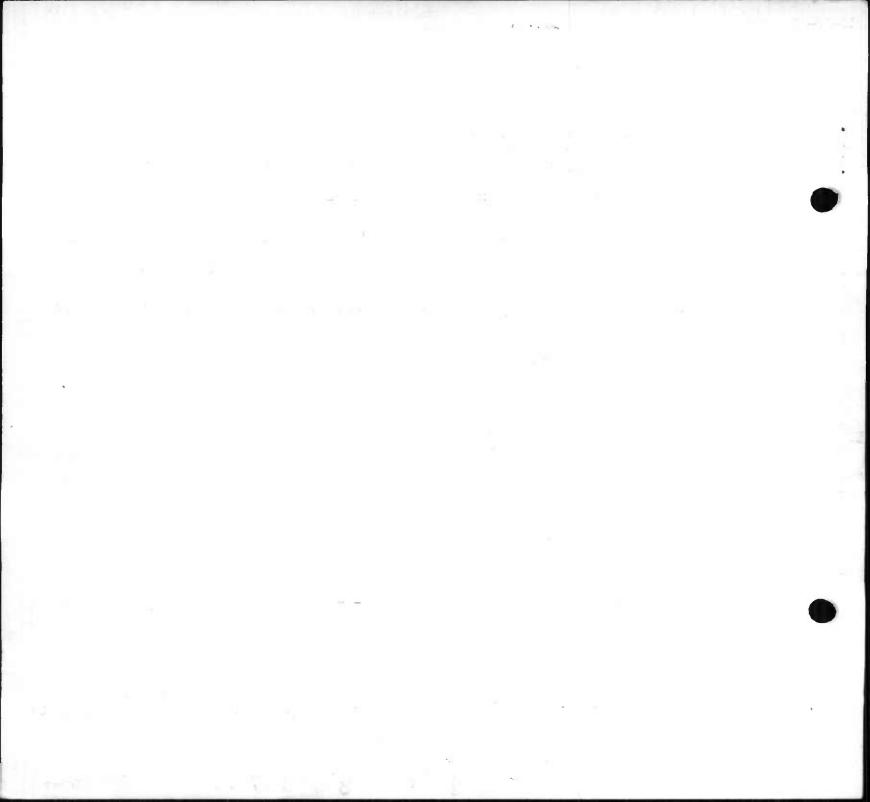
		BALTIMORE CITY	Y HEALTH DEPARTMENT		66 1			
11-	RTH NO. 69 119	368 CERTIFICA	TE OF DEATH	REG. NO	69 11968			
	NAME OF DECEASED	1 1	2. DATE	AND HOUR OF DEATH				
1	Hayres DUR	dykA	/2	2-69	1 4:10 P.M			
3.	PLACE IN BALTIMORE, MARYLAND, WHERE P	RONO PINCED DEAD	A. STATE B. CO	Where deceased lived, If in	stitution: residence before admission)			
E	ULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MARULAN	1	601			
iñ	ISTITUTION ADDRESS OF LOCATION)		C. CITY OR TOWN	D. INS	IDE CITY LIMPS?			
P			BAltimoi		YES NO			
	Mercy Hospital		E. STREET AND NUMBE	R / /				
-			IN. Keni	IN. Renwood Ave.				
)•	SEX B. RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost bisthday)	If Under 1 Yr. Il Under 24 Hrs. Months! Days Hours Min.			
		OWED DIVORCED	12/23/98	70	Months Days Hours Min.			
do	A. USUAL OCCUPATION (Give kind of work 10B, KIP	AD OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of	loreign country)	12. CITIZEN OF WHAT COUNTRY?			
1		THING	Palpad					
13.	FATHER'S NAME	101110	14 MOTHER'S MAIDEN	NAME				
	MIRHAEL LOWE							
15.	Wos Decembed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	OWN				
(Ye	s, no or unknown) (II yes, give war or dales at ser	vice) SECURITY NO.	" INFORMANT	the A	ADDRESS			
_	MO	216-07-0025	ANTHONY SURD	YKA IN KI	ENWARD AUE			
	18. 4 2 7, 4 1	CAUSE OF DEATH	H )	00	APPROXIMATE INTERVAL			
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  LEADING TO DEATH  LEADING TO DEATH							
	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE PARTY CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CONSOLUTION OF A CON							
	heart failure, astheria, etc. It means the disease, injury or complication which coused death.)							
	ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES							
	(a)							
	DISEASES OR CONDITIONS, if ony, g	iving DUE TO, OR AS	A CONSEQUENCE OF: . 0	nketter Pharan	rena			
	UNDERLYING CONDITION last.	(C)		V				
_	11							
0 N	OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING						
CERTIFICATION	TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	****************						
TEIC	19A DATE OF OPERATION 19B CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208 IF YES, WERE F	INDINGS CONSIDERED			
ERI	O-		NO	IN CERTIFIENG CAL	ISES OF DEATH?			
	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, factory, street, offi	or obout 21 C. WHERE DID	(II In Baltimore	City, give exoci location)			
CA	DEATH (notify medical examined	elc.)	The stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the s					
MEDICAL	21 D. TIME (Month) (Doy) (Year) (Haud) OF INJURY	21E INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?				
S	(APPROX.)	While At   Not While						
	22. I certify that (Mithis hospital) attend	111 TO IN						
	that (1) (we) last saw the deceased alive	led the deceased from	11-29-69	19to	12-2-1969			
				that in (my) (our) opin	ton death occurred on the date			
	and hour and from the couses stated above	re. 11 (We) ((dtd))(dtd fat) vi	ew the body ofter death	le .				
9	I - DT	Ana			23B, DATE SIGNED			
	defet amalo	H.D. OEGREE Phys.	ding Med. Director	Staff Phys.	12-2-69			
	23C.PHYSICIAN'S NAME (Type)	23	3D. ADDRESS					
	BAYANI L. MAINALO	, M-D.	10 MERCY	HOSPITAL				
24A		C. NAME of CEMETERY OF CREA	MATORY 24D.	LOCATION (City	/, town, or county) (Stole)			
12	0.01		4.0%	70				

1969 3 DEC 4 125B, N. 4 VS 150-REV. 1/1/68



RELEASED B	RELEASED BY MEDICAL EXAMINER ON APPROVAL FUNERAL DIRECTOR: IMPORTANT	55-20 H-300
This certificate must be approved by the chies the body was released to the hospital by a shows: (1) An accident of any nature; (2) Body was D.O.A. at a hospital (except where the deceased prior to death); and (6) No physician approval must he obtained hefore the	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the good prior to death); and (6) No physician was in regular attendance on the good prior to death. Such written approved must he obtained before the remains are employed or final disposition.	say say say say say say say say say say

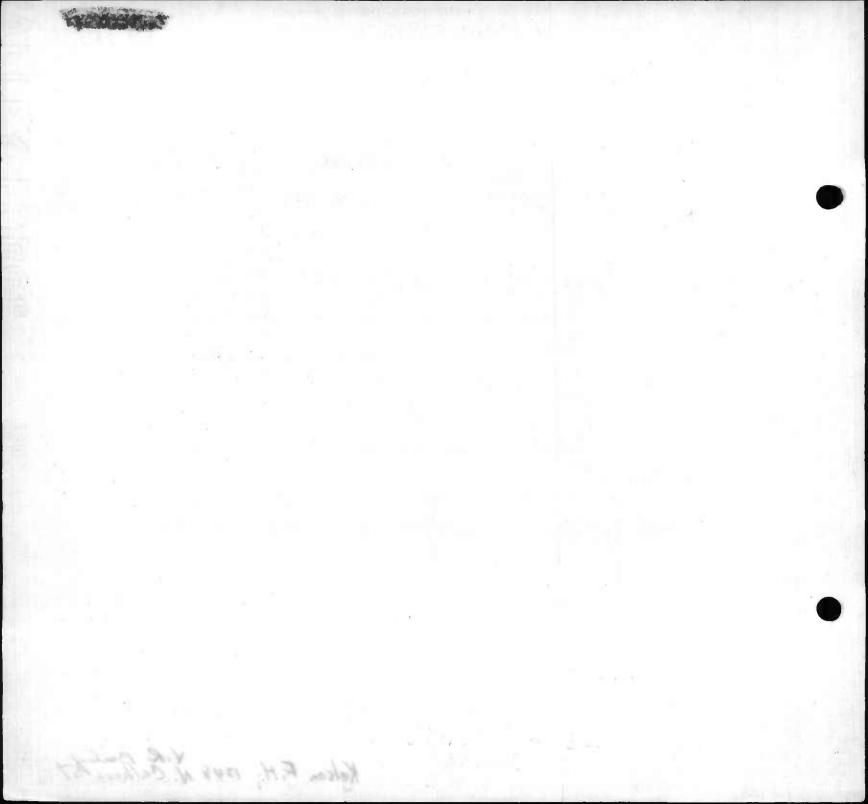
	00	4400	BALTIMORE CITY	HEALTH DEPARTMENT		69 11969
	69	1196	CERTIFICA	TE OF DEATH	REG. NO.	00 11000
BIRTH NO.			<b>GENTINIO</b>			
(Type or Print)		, t. 1		2. DATE	AND HOUR OF DEATH	
			FATH		12/2/69	1 H Am
3. PLACE IN BA	LTIMORE MARYLAND, V	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (V	here deceased lived, if ins	stitution; residence before admission)
FILL NAME OF			ILLA CONTROL		UNIT	100
FULL NAME OF	ADDRESS OR LOC	FAL OR INSTIT ATION)	UTION, GIVE STREET	Maryland		Baltimore /
NOITUTITZNI				C, CITY OR TOWN	D. INSI	DE CITY LIMITS?
	altimore City	-	115	Baltimore		YES NO
) / 49	940 Eastern A	venue		E. STREET AND NUMBER		
Ba	altimore, Mary	land	21224	118 Walnut	Avenue 2:	1222
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Hades 24 Hrs
Male	Mogree	WIDOWED		11-11-1890	lost birthdoy) 79	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	Negro					
done during most o	f working life, even it retired)	KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or I	oreign country)	12. CITIZEN OF WHAT COUNTRY
Labor	/	Beth-	Steel	Winneboro	Carolina	U.S.A.
13. FATHER'S NA		DC CIT	00001	Winnsboro, S		U.3.A.
TO THE PARTY IN	11			14. MOTHER'S MAIDEN N		
	Jol	nn Heat	h		Minnie He	ath
15. Was Decease	d Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	n) (If yes, give war or dote	es of servicel	SECURITY NO.			
No.			216-10-5178	Records: BCH-4	940 Eastern A	venue 21224
18.	SACIX DY	45 8 B	E CAUSE OF DEAT	1		APPROXIMATE INTERVAL
DISEA	SE OR CONDITION IN	BEAUTY .	1 6			SETWEEN ONSET AND DEATH
	SE OR CONDITION DI	9	1	CHOSNUC	S. 1.7.12.1.2 A	1 2
(This does	not mean the mode of	In softed		SE CHRONIC		
heart lotture	, asthenia, elc. Il means	the discuser	DOE IN OR AS	CONSEQUENCE OF:	HEMATOMA	5
injury of co.	mplication which edused	- all	(A)			2-3
	ANTECEDENT CAUSES	A of	THE MARKET	AD TRAUM	A	MONTHS
DISEASES	OR CONDITIONS, if	ony, offing	DUE TO OR AS	A CONSEQUENCE OF:	*************************	
rise to th	ne above cause (A)	Stating 2 the	71-			
UNDERLYIN	G CONDITION last	<b>\</b> = '	(c)	·		
	11	3	4 4			
OTHERSIGNI	FICANT CONDITIONS CO	NTRIBUTING	5			MANY
F TO THE DEA	TH BUT NOT RELATED TO T	HE TERMINALS	G (415	ONIC ALCOL	LOLISM	YEARS
19A DATE O	CONDITION GIVEN IN PAR F OPERATION 198 CON	DITION FOR	DHICH OPERATION	120A AUTORSY2 (Voc. or	Noll 200 IE was large si	NIPANCE CONTENTS
210/8		FORMED		Total Color Still ties of	No. 208 IF YES WERE FI	ISES OF DEATH?
	INT WAS UNDERLYING		NEAL HEMATOM	YES	V - \	2
OR CONTRIL	UTING CAUSE OF	hom	e, form, foctory, street, of	or obout 21 C. WHERE DID	(If In Boltimore	City, give exoct location)
DEATH (notif	y medical examined	etc.)	UNKNOWN		UNKNOWN	00-00
O 21D. TIME	(Month) (Doy) (Year)	(Houd 21E		21E HOW DID I	NITIBA OCCUBS	
S LOL HASOKI				03001	/110	tours read
(APPROX)	UNKNOWN 1960	Wor	le At   Not While	- toke	Man Man	the second
22. 1 certify	y that Hi (this hospital	) attended th	ne deceased from	10-4-	19 69 to 12	12 19 69
	) lost saw the decease		12/1			47
1 /			171	19 <u>69</u> ond	that in (my) ,(eer) apini	Ion death occurred on the date
ond hour on	id from the causes stat	ed abave. (i	) (WE) (did) (did not) v	ew the body ofter deat	10	
23A. SIGNATI	URE					23 B, DATE SIGNED
(X)	mis W. Be	60	7. Atter	ding Med.	Staff VZ1	10/2 / 0
220 Buyyard		any	DEGREE Phys	Director L	Staff Phys.	12/2/69
23C. PHYSICIA	Typel		1	3D. ADDRESS	ore City Hospi	itale
	Dennis W. I	Bleakley			ore City Hosp	
24A. BURIAL CRE	MATION, 248, DATE	24C.N.4	ME of CEMETERY OF CRE	4940 Eastern A		
REMOVAL	(Specify)		THE OF WANTERS OF CRE	240.	LOCATION (City,	, town, or county) (State)
Buria			Arbutus Memor	ial Park	Baltimore,	Maryland
	BY HEALTH DEPT.	258 NAME O	FREGIŞTRAR	25C. FUNERAL DIRECT		ADDRESS
D	EC 4 1969 🛈	Bull E.	Jaber M.D.	MORTON	1701	
VS 150-REV. 1/1/				MORTON & DYE	FH. 1701	Laurens Street
A 120-VPA 1/1/	1 V 2 2	Ju 4) (	39	0 0	buc	



## FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

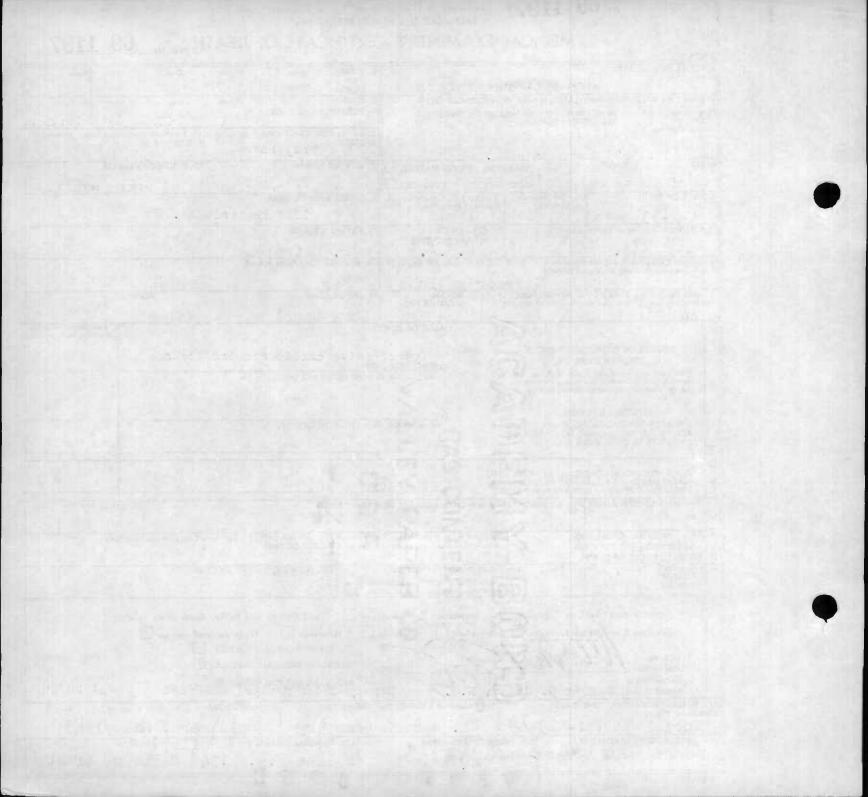
0 222 00	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO. 69 1.	1970 CERTIFICA	ATE OF DEATH	REG. NO.	58 76 970
1. NAME OF DECEASED	1		D HOUR OF DEATH	1165
Sadie Kelle	SCOTT ONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived, If	1967 Y P. M.  Institution: residence befare admission)
SULL MANAGE OF THE NOT BY HOSPITAL OF L	NETITION CIVE CERSE	Mary and	1	15011
HOSPITAL OR HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN		IDE CITY LIMITS?
Dukeland Nursing &	Convales cen	BalTimo	re	YES NO NO
20	Home	0010 11 8/	orth Ar	e.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RIED NEVER MARRIED DIVORCED	2-8-95	ost birthday	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIN	ID OF BUSINESS OR INDUSTR	11. 8IRTHPLA CE (State ar fareig	in cauntry)	12. CITIZEN OF WHAT COUNTRY?
		Maryland		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	1 E	
Robert Jacksu	$\wedge$	Mary Iho	mas	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT/	,	ADDRESS
No		Gertrude Hi	unter	
18.	CAUSE OF DEA	TH	-	SETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		ARCA REDO	ERON Wac	3
(This does not mean the mode of dying,	e.g., DUE TO, OR AS	USEASCD. CERE A CONSEQUENCE OF R TERIOSCLER®	TIC DISE	ASE
heart failure, asthenia, etc. It means the dis injury ar complication which caused death.)	ease,	R Takiescler.	71 - 015	
ANTECEDENT CAUSES	(B) A 5	CD		2
DISEASES OR CONDITIONS, if any,		S A CONSEQUENCE OF:	***************************************	
rise to the above cause (A) stating UNDERLYING CONDITION last.	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (natify medical exominer)	21B. PLACE OF INJURY te.g., home, form, factory, street, etc.)	in or about 21 C. WHERE DID affice bidg., INJURY OCCUR?	(If in Baltima	re City, give exact tacatlan)
21D. TIME (Month) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
OF INJURY	While At Not Wh	ile 🔲		
22. I certify that (1) (this hospital) atten	ded the deceased from	11-21	969 to 11	1-28 1969
that (1) (we) lost sow the deceased alive	11 000	19.6.7 and the		inion death occurred on the date
ond haur ond from the causes stoted obo	ve. (1) (We) (did) (did not)	view the body ofter deoth.		
23A. SIGNATURE	AH	hending Med.	Staff	23B, DATE SIGNED
memas V. foto	Ph. Ma Daegree Ph	ys. Director   1	Phys.	12-2-69
23C.PHYSICIAN'S NAME (Type)				
24A. BURIAL CREMATION, 24B. DATE 2	ARRISMD DEGREE 4C. NAME OF CEMETERY OF CI	4700 ED	CATION (C	City, town, or county) (State)
REMOVAL ISpecify) Removal Ispecify) R-3-69	Arbutus 1	nem. Px	Balto.	Md.
DEC 4 1969	OF REGISTRAR	25C. FUNERAL DIRECTOR	1711C V.	R. Burlones
VS 150-REV. 1/1/68	6900	Wassen 2018	1290 N.	Calhour 3/



W-536 69 11971

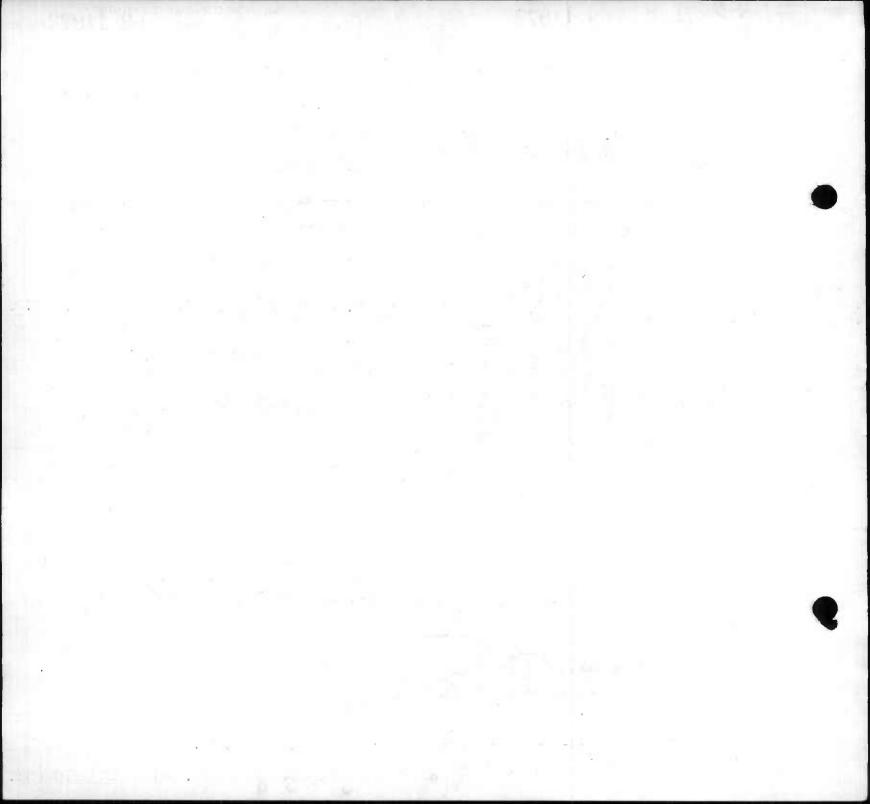
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	69 11971
1. NAME OF DECEASED	2. DATE Known XX Month Dov	V 1
(Type or Print) Mary Withers Winters	DATE Known ( Month Doy OF DEATH Estimated	Yeor Hnur
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 11 27	69 11:05 au
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived, if institution:	esidence before odmission)
2511 Rosedale St.	A. STATE Maryland B. COUNTY	1537
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?
female wh colored widowed Divorced	Baltimore YES	k No□
9. DATE OF BIRTH 10.AGE (in years If Under 1 Yr. II Under 24 Hrs. last birthday) Months, Days, Hours, Min.	E. STREET AND NUMBER	AL NOL
4-1-13   56	2511 Rosedale St.	
t1. BIRTHPLACE(State or loreign country)  12. CITIZEN OF	13. FATHER'S NAME	
Va. WHAT COUNTRY?	B. Hairston	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR'done during most of working life, even ill retired)	15. MOTHER'S MAIDEN NAME	
Govenor's Club	Marv	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give war or dotes of service)  17. SOCIAL SECURITY NO.		PRESS
no Secontino	Lena Samples same	
19. 41 1 2 G CAUSE OF DEA	TH Same	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
LEADING TO DEATH HYPET	ensive cardiovascular disease	
	AS A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANTECEDENT CAUSES (0)		O V. P. PIVA
	AS A CONSEQUENCE OF:	
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	У	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 2	I. AUTOPSY? (Yes or No)
		no
22A. EXTERNAL CAUSE WAS   22B. PLACE OF INJURY (e.g.,	in or about 22C. WHERE DID (Il in Baltimore City, give exact	
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. home, form, lactory, street, office UTING CAUSE OF DEATH.	bldg., etc.) INJURY OCCUR?	
22D. TIME (Month) (Dov) (Year) (Hour) 22E INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	WHILE C	
23. m. WORK L AT W	OKK	
	opsy ond that on this basis, death in my op	inlon
resulted from: Natural couses X Accident Suicid	e Homicide Undetermined monner	
	CHIEF MEDICAL EXAMINER	
SIGNATURE M.D. M.D.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S		
	ASSOCIATE MEDICAL EXAMINER Liputy Chief Medical Examiner	11/28/69
REMOVAL (Specily)		r county) (Stote)
Burial   12- 29-69   Mt. Auburn		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR V. Bailey ADD	
DEU 4 1969 Valent L. Jaiber, M. D.		oun Street
VS 151-REV. 3/1/68	7 8 9 9 9	



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	69 119	72		HEALTH DEPARTMENT	250 110	69 11972
BIRTH NO.			CERTIFICA	TE OF DEATH	H KEG. 140	00 11010
NAME OF DECI	EASED			2. DATE	AND HOUR OF DEATH	
Type or Print)	JENN	ITE HOLS	TEIN	NOU	JEMBER 20, 19	69 10 P M
3. PLACE IN BALT	TIMORE, MARYLAND, V			4. USUAL RESIDENCE	Where deceased lived. If	institution: residence before odmission)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	MARYLAND		2755
HOSPITAL OR	ADDRESS OR LOC	ATION)		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
	MT. SINAI N	URSING	HOME	BALTIMORE		YES NO
63	4613 PARK H			E. STREET AND NUMBE	R	
10				2217 Rogene	Drive #09	
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs.
Female	White	WIDOWED	DIVORCED [	22	92	
A. USUAL OCCU	JPATION (Give kind of wor	k 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
	working life, even if retired) USEWIFE	A	T HOME	AUSTRIA		USA
FATHER'S NAM				14. MOTHER'S MAIDEN	NAME	
710117	EL THORES			IMPLIAN	1	
Was Decensed	EL INGBER Ever in U. S. Armed Fo	10047	1 6. SOCIAL	UNKNOWN	V	ADDRESS
Yes, no at unknown)	(If yes, give war ar dat	of service)	SECURITY NO.		1/	
NO		73	§ NO	MR. BERNARD	SERLIN, 2217	ROGENE DRIVE, APTIO
18. 4	9 -1-5	了了	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATI
	SE OR CONDITION DI	1	7	67	1	
	LEADING TO DEATH	T 1 1	(A) IMMEDIATE CAL		Surlay and	eded 16 ans
heart failure,	at mean the made at asthenia, etc. It means	ying, e.g., the disease	DUE TO, OR AS	A CONSEQUENCE OF:		
injury ar cam	plication which caused	deatha)	St. S			Sevelal
/	ANTECEDENT CAUSES		(B) Crene	valued av	Toriosclero	113 years
	OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF		
	abave cause (A) G CONDITION last,	slating the	(c)			
	11	**	(0)			
OTHER SIGNIE	II CANT CONDITIONS CO	NIRIBUTING	1 1	2.7-1.	1	4 mest
I IO THE DEAT	H BUT NOT RELATED TO ONDITION GIVEN IN PA	THE TERMINAL	5 19175	1001-11	g traitu	ve 1095
	OPERATION 198. COM	IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes o	No 208. IF YES, WER	E FINDINGS CONSIDERED
1 Oct,1	469 WAS PET	FORMED	acture	No	IN CERTIFFING C	AUSES OF DEATH?
	NT WAS UNDERLYING	218	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DI	D (If in Boltim	ore City, give exact location)
	JTING CAUSE OF medical examiner	etc.	1	/ W/ /	3 0.16	dente la
21 D. TIME	(Month) (Day) (Year)	(Hour) 21E	INJURY OCCURRED	21 E-HOW DID	INJURY OCCUR?	Hallway
OF INJURY			ile At Not Whil		19 ST	* No.
/	10-22-69	MWo		1	10	7 7 16
	that (I) (this hospita			langy SI	196 / to	0 1 10 19 67
that (I) (we)	, last sow the deceos	ed olive on	10000	19 ' 6 4 an	d that In(my) (our) o	pinton deoth occurred on the do
and hour ont	from the couses sto	ted obove.	) (We) (did) (did not)	riew the body ofter dec	oth.	
23A. SIGNATU	JRE /	1	1			23 B. DATE SIGNED
H	may /	1 For	Dh.	ending Med.	Staff Phys.	11/21/69
23C.PHYSICIA	N'S		DEGREE	23D. ADDRESS		
NAME (T	ypel Jeym	04/	· otubin			
AA BIIBIAI CRE		mour Rut	DEGREE  AME of CEMETERY OF CR	5415 Park He	ights Avenue	City, town, or county) (State)
REMOVAL	Specify)	24C. N	MINE OF CENTELEKT OF CK	ENIATURT 24	D. LUCATION	wity, fown, or county) (3fgte)
BURAAL	11-23	-69 HAY	'M SOLOMON MEM	ORIAL PARK,	PHILA. PA.	
SA. DATE REC'D	BY HEALTH DEPT.	SSB NAME	SALON M. B.	25C. FUNERAL DIREC	CTOR	ADDRESS
U	EC4, 1969	TONGO C.	August . Hal	SOL LEWIN.	SON & BROS. A	010 REISTERSTOWN RI
			7	1 1 11	13	



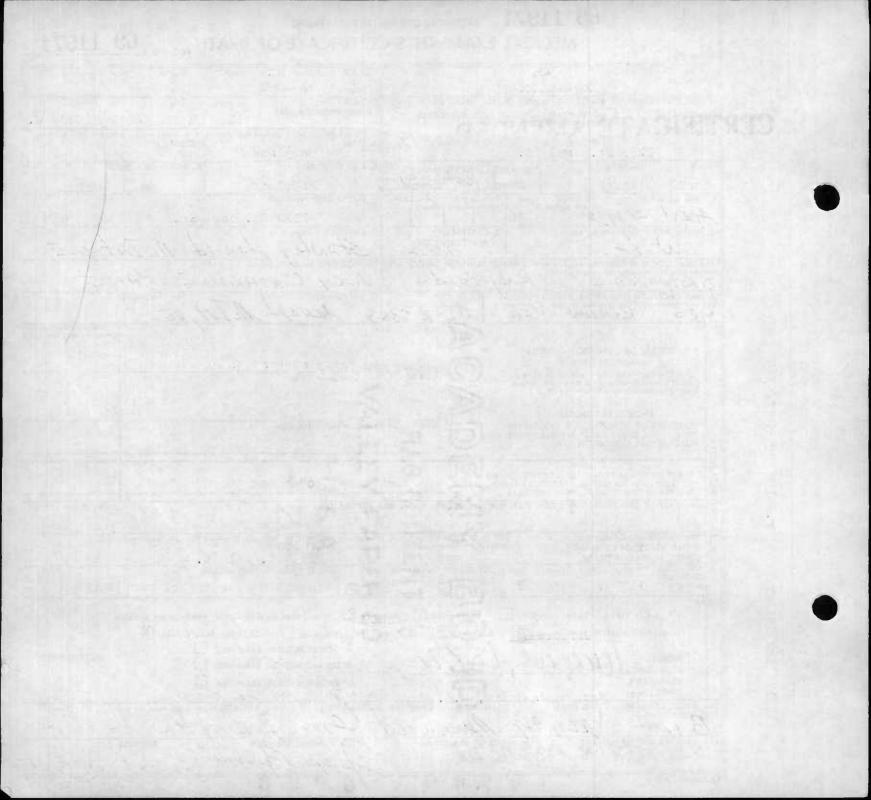
25C. FUNERAL DIRECTOR

25A. DATE REC'D BY HEALTH DEPT

VS 151-REV. 1/1/68

2/4/70 - 1969 Income Tax Return - Edward L. Stonesifer, 440
N. Robinson Street. S.S. 215-14-7994.

	M-252 69 11974 BALTIMORE CITY I	HEALTH DEPARTMENT	
	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	69 11974
	BIRTH NC.  1. NAME OF DECEASED		
	(Type or Print)  Robert McIntyre	2. DATE Known A Month Doy OF DEATH Estimoted	Yeor Hour
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
CED	SENTENCE A TAPRESS OF DATE OF THE TOP TO THE STREET OF THE TOP TO THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE ST	PRONOUNCED DEAD 12 1	10:30 a _{m.}
CER	12/9/69	5. USUAL RESIDENCE (Where deceased lived, if institution: A, STATE B, COUNTY	residence befare odmissian)
	2233 St. Paul St.	Maryland	1204
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
	male White WIDOWED DIVORCED 9. DATE OF BIRTH 10.AGE (in years 1 if Under 1 Yr. II Under 24 H		s NO
	lost birthday) Manths ; Doys ; Hours ; Mi	in.	
	11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF	2233 St. Paul St.	
	WHAT COUNTRY?	Stanley Harold Me	THURE
	14A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUS		IN 1 TICE
	done during most of working life, even il retired) Ridy Bende	LUCY CATHERINE 1	BANG
	to. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no or unknown) ((If yes, give wor or doles of service) SECURITY NO.	18. INFORMANT	DRESS
	425 KOREAN WAR 211-28-2	883 ARNOLD MELNTYRE	
	19 9 0 , 0 1 CAUSE OF D	EATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		
69,	LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  DUE TO. C.	ECAUSE Fatty alteration of liver	
16	heart loiture, osthento, etc. It means the disease, Injury or complication which caused death.)	A A CONSEQUENCE OF	
12/9/69	ANIMOPPINAL		
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, CO	OR AS A CONSEQUENCE OF:	
ated	UNDERLYING CONDITION LAST.		
D D	(c)		
23	OTHER SIGNIFICANT CONDITIONS CONTRIBITING	rbiturate everdose	
Spitz	DISEASE OR CONDITION GIVEN IN PART 1 (A).		
נט	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED	21. AUTOPSY? (Yes or No)
ä	22A. EXTERNAL CAUSE WAS 228.PLACE OF INJURY(e.	g., in ar obout 22C. WHERE DID (If in Baltimore City, give exact	yes
m C	UNDERLYING CONTRIB.	ffice bldg., etc.) INJURY OCCUR?	a racanon)
from	2 22D. TIME (Manih) (Day) (Year) (Hour) 22E INJURY OCCURRE	2233 St. Paul St.  22F. HOW DID INJURY OCCUR?	
	OF INJURY (APPROX.) 11 ? 69 ? m. WHILE AT NO WORK AT	or white ingested overdose of b	arbiturates
ter	23.		
Jet		Autopsy and that on this basis, death in my	
	resulted from Natural couses Accident Sui	Homicide Undetermined monner	2
and	ACTUAL //110 112 // 1/1/	CHIEF MEDICAL EXAMINER	DATE SIGNED
2	SIGNATURE EXAMINER'S	A.D. ASSISTANT MEDICAL EXAMINER	
517	NAME (Type) Werner II. Spitz. M.	ASSOCIATE MEDICAL EXAMINER L  Deputy Chief Medical Examiner	12/2/69
VS	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER REMOVAL (Specify)	Y or CREMATORY 24D, LOCATION (CIN. town,	
	Brefac Decy 1669 MARRINGE	d em Burlington	WIVA
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		DORESS
	TILU 4 1303 TOWN E. VALGE, K.D.	Juseph X Junion 2630	S. Conting 87
	VS 151-REV. 7/1/68 N 96 7. 0 1 9 6 9 0 0	0/8 9.5/8	Bull and

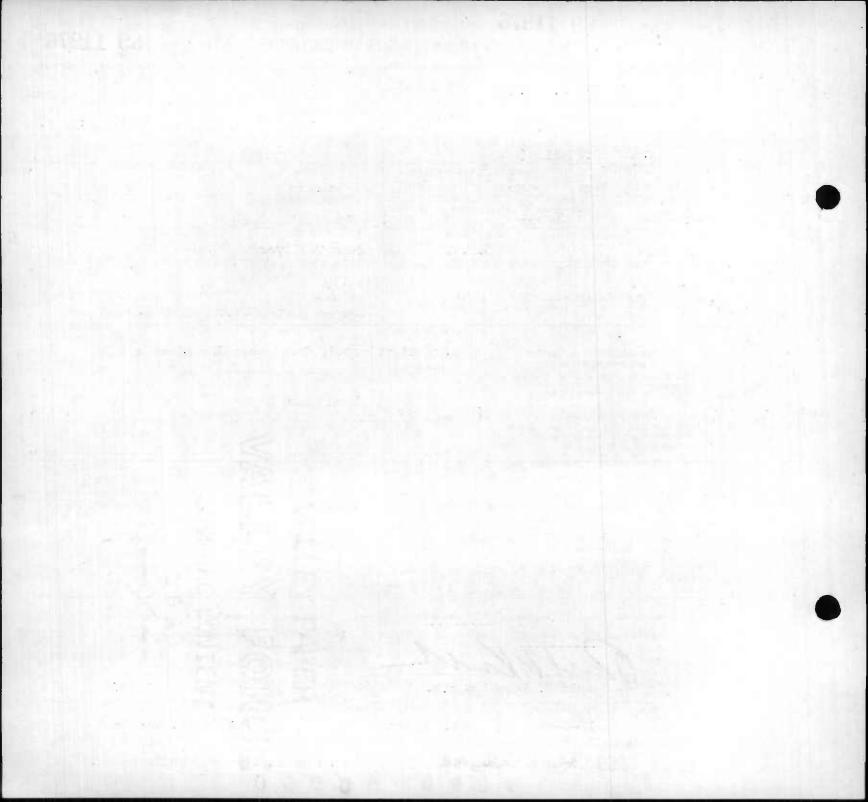


BIRTH NO.	N	NEDICA	L EXAMINE	=K 2 C	LEKTIFIC	LATE OF	DEAT	REG. NO.	00	1197	)
1. NAME OF DI	ECEASED				2. DATE	Known 🔼	Month	Doy	Year	Hour	
	Louis	Von Di			OF DEATH	Estimated	,11				
4. PLACE IN BA			PRONOUNCED DEAD		3. DATE	INCED DEAD	Month	Doy	Yeor	Hour	
HOSPITAL OR INSTITUTION	ADDRESS OR	LOCATION)	STITUTION, GIVE STREE				11	22	69	11:20	
3/	n 1.1				A. STATE	SIDENCE (When	e deceased li	B. COUNTY	n: residence	before admiss	ion)
s. SEX	17. RACE		Hospitals		C, CITY OR	Maryland		D. INSIDE C	TAN LIMITES	010	
	white		RIED NEVER MAR			ltimore					
male DATE OF BIR		GE (In years	WED DIVOR	er 24 Hrs.		ND NUMBER		Y	ES 💟	NO L	
11/23/3	2 y lost b	irthday)	Months Doys Hour	rs Min.		l S. East	A 37.0				
I. BIRTHPLACE	(State or loreign coun		12. CITIZEN OF	-	13. FATHER'		Ave.				
Balt	1.11	TRE	WHAT COUNTR	RY?	1	V15	VON	DRAG	ER		
4A.USUAL OCC	UPATION (Give kind o	41 15	D OF BUSINESS OR I	INDUSTRY			ME	20,077			
1 RON	working life, even if re		DEAL 16		Vica	GINIA.	Har	115			
6. WAS DECEA	SED EVER IN U.S. A	RMED FORC	ES? 17. SOCIAL SECURITY	NO.	18. INFORM	1 1	0		DDRESS	r -	
1/0	With Aest Alac mot of	doles of Servi	JECOKIII	.10.	Hr. to	NTHONY	De	NIVETT	- 11	J. Eas	V.
19. 24	4-9		CAUSE	OF DEA	TH	-/				PPROXIMATE INT	
	ANTECEDENT CAUSE		(B)	E TO, OR	AS A CONSEC	DUENCE OF:					
DISEASES RISE TO THE UNDERLY	S OR CONDITIONS, I HE ABOVE CAUSE (A TING CONDITION L	F ANY, GIVIN	G (B) DUE	E TO, OR	AS A CONSEG	QUENCE OF:					
DISEASES RISE TO THE UNDERLY	S OR CONDITIONS, IN THE ABOVE CAUSE (A VING CONDITION LESS TO THE ABOVE CAUSE (A CONDITION CONDITION CONDITION CONDITION GIVEN CONDITION GIVEN CONDITION GIVEN	F ANY, GIVIN A) STATING TH AST. NS CONTRIB ED TO THE TER I IN PART 1 (4	G C)								
DISEASES RISE TO THE UNDERLY	S OR CONDITIONS, IN THE ABOVE CAUSE (A VING CONDITION LESS TO THE ABOVE CAUSE (A CONDITION CONDITION CONDITION CONDITION GIVEN CONDITION GIVEN CONDITION GIVEN	F ANY, GIVIN A) STATING TH AST. NS CONTRIB ED TO THE TER I IN PART 1 (4	G C)						21. AUTC	DPSY? (Yes ar	No)
DISEASES RISE TO THE UNDERLY OTHER SIGN TO THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF THE DISEASE COMMENT OF TH	S OR CONDITIONS, IN THE ABOVE CAUSE (A VING CONDITION LESS TO THE ABOVE CAUSE (A CONDITION CONDITION CONDITION CONDITION GIVEN CONDITION GIVEN CONDITION GIVEN	F ANY, GIVIN A) STATING TH AST. NS CONTRIB ED TO THE TER I IN PART 1 (4	JTING MINAL ). FOR WHICH OPERA	ATION WA	AS PERFORM	ED	(If In Baltima	re City, alva ev	у	es	No)
DISEASES TO THE UNDERLY OTHER SIGN TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISE	S OR CONDITIONS, IN THE ABOVE CAUSE (A VING CONDITION LEATH BUT NOT RELATION CONDITION GIVEN OF OPERATION 208.  ERNAL CAUSE WAS IG OR CONTRIB-	F ANY, GIVIN A) STATING TH AST. NS CONTRIB ED TO THE TER I IN PART 1 (4	G C)	ATION WA	AS PERFORM	ED 2C, WHERE DID	(If In Bollimo	re City, give ex	у	es	No)
DISEASES RISE TO TO THE R SIGN TO THE D DISEASE COME TO THE D DISEASE COME TO THE D DISEASE COME TO THE D DISEASE COME TO THE D DISEASE COME TO THE D DISEASE COME TO THE D DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME TO THE DISEASE COME T	S OR CONDITIONS, IN THE ABOVE CAUSE (A VING CONDITION LESS TO THE CONDITION LESS TO THE CONDITION OF OPERATION 208.	F ANY, GIVIN A) STATING TH AST. NS CONTRIB ED TO THE TER I IN PART 1 (4	JTING MINAL ).  FOR WHICH OPERA  228. PLACE OF INJU home, lorm, loctory, st	URY (e.g.,	in or about 2:	ED 2C, WHERE DID			у	es	No)
DISEASES RISE TO THE UNDERLY OTHER SIGN TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO THE DISEASE CONTROL TO TH	S OR CONDITIONS, IN THE ABOVE CAUSE (A VING CONDITION LEATH BUT NOT RELATION CONDITION GIVEN OF OPERATION 208.  ERNAL CAUSE WAS AUGED OR CONTRIBERAL CAUSE OF DEATH.	IF ANY, GIVIN A) STATING TH AST.  NS CONTRIB ED TO THE TER IN PART 1 (A	JTING MINAL ).  FOR WHICH OPERA  228. PLACE OF INJU home, lorm, loctory, si  WHILE AT	URY (e.g., office current of the contract of the current office current of the cu	in or obout 2:	ED 2C, WHERE DID NJURY OCCUR?			у	es	No
DISEASES TO THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE DOTATE OF THE	S OR CONDITIONS, IN THE ABOVE CAUSE (A VING CONDITION LEATH BUT NOT RELATION CONDITION GIVEN OF OPERATION 208.  ERNAL CAUSE WAS AUGED OR CONTRIBERAL CAUSE OF DEATH.	IF ANY, GIVIN A) STATING TH AST.  NS CONTRIB ED TO THE TER IN PART 1 (A	JTING MINAL ).  FOR WHICH OPERA  228. PLACE OF INJU home, lorm, loctory, si	URY (e.g., street, office	in or obout 2:	ED 2C, WHERE DID NJURY OCCUR?			у	es	No
DISEASES RISE TO THE DISEASE OF INJURY (APPROX.)	S OR CONDITIONS, IN THE ABOVE CAUSE (A VING CONDITION LEATH BUT NOT RELATION CONDITION GIVEN OF OPERATION 208.  ERNAL CAUSE WAS AUGED OR CONTRIBERAL CAUSE OF DEATH.	IF ANY, GIVIN ASTATING TH AST.  NS CONTRIB ED TO THE TER IN PART 1 (A CONDITION  (Year) (Ho	JTING MINAL ).  FOR WHICH OPERA  22B. PLACE OF INJU home, lorm, loctory, si willeat WHILEAT	URY (e.g., threet, office CURRED, NOT AT W	in or obout 2:	ED 2C, WHERE DID NJURY OCCUR?	JURY OCC	UR?	y act location)	es	No
DISEASES RISE TO THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE	S OR CONDITIONS, IN THE ABOVE CAUSE (A PING CONDITION LEATH BUT NOT RELATION CONDITION GIVEN OF OPERATION 208.  ERNAL CAUSE WAS IG OR CONTRIBLAUSE OF DEATH.  (Month) (Doy)	IF ANY, GIVIN ASTAING TH AST.  NS CONTRIB ED TO THE TER IN PART 1 (A CONDITION  (Year) (Ho	JTING MINAL ).  FOR WHICH OPERA  228. PLACE OF INJU home, lorm, loctory, si wr)  22E.INJURY OCC WHILE AT MORK	URY (e.g., threet, office CURRED, NOT AT W	in or obout 2: bldg., etc.) IN WHILE 2: tapsy 2	ED  2C. WHERE DID NJURY OCCUR?  2F. HOW DID IN  and that an t	IJURY OCC	UR?	y act location)	es	No
DISEASES RISE TO THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE	S OR CONDITIONS, HE ABOVE CAUSE (A PING CONDITION LEATH BUT NOT RELATED TO CONDITION GIVEN OF OPERATION 208.  ERNAL CAUSE WAS LIG OR CONTRIBUTION (Month) (Doy)  Ortify that I held an olded from: Natura	IF ANY, GIVIN ASTAING TH AST.  NS CONTRIB ED TO THE TER IN PART 1 (A CONDITION  (Year) (Ho	JTING MINAL ).  FOR WHICH OPERA  228. PLACE OF INJU home, lorm, loctory, si wr)  22E.INJURY OCC WHILE AT MORK	URY (e.g., street, office NOT AT W	in ar about 2: bidg., etc.) IN WHILE 2: was a page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of	ED  2C. WHERE DID NJURY OCCUR?  2F. HOW DID IN  and that an t	JURY OCC his basis,	UR? death in my	y act location)	es	
DISEASES RISE TO THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE	S OR CONDITIONS, HE ABOVE CAUSE (A FING CONDITION L. III CONDITION L. III CONDITION L. III CONDITION CEATH BUT NOT RELATED ROOF OPERATION 208.  ERNAL CAUSE WAS IG OR CONTRIBLAUSE OF DEATH.  (Manth) (Doy)  Ortify that I held are of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition	IF ANY, GIVIN ASTAING TH AST.  NS CONTRIB ED TO THE TER IN PART 1 (A CONDITION  (Year) (Ho	JTING MINAL ).  FOR WHICH OPERA  228. PLACE OF INJU home, lorm, loctory, si wr)  22E.INJURY OCC WHILE AT MORK	URY (e.g., street, office NOT AT W	in or about 2: bidg., etc.)  WHILE 2: WHO SY 2: ASSIS	ED  2C. WHERE DID UJURY OCCUR?  2F. HOW DID IN  and that an t micide   HIEF MEDICAL	his basis, Undetermi EXAMINER EXAMINER	death in my	y act location)	es	
DISEASES RISE TO THE DOTHER SIGNA EXAMILE	S OR CONDITIONS, I HE ABOVE CAUSE (A TING CONDITION L. II SHIFT CANTON	F ANY, GIVIN A) STATING TH AST.  NS CONTRIB ED TO THE TER IN PART 1 (A CONDITION  (Year) (He	JTING MINAL  J.  JFOR WHICH OPERA  228. PLACE OF INJU home, lorm, loctory, st  ur)  22E. INJURY OCC WHILE AT M. WORK  Inspection Accident	URY(e.g., street, office NOT AT W	in or obout 2: bidg., etc.) IN WHILE 2: WHO STATE ASSIS	ED  2C, WHERE DID NJURY OCCUR?  2F. HOW DID IN  and that an t micide   CHIEF MEDICAL CIATE MEDICAL CIATE MEDICAL	HIS basis, Undetermiexaminer EXAMINER EXAMINER	death in my	y act location)	es DATE SIGN	ED
DISEASES RISE TO THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE	SOR CONDITIONS, HE ABOVE CAUSE (A PING CONDITION L. III CONDITION L. III CATH BUT NOT RELATED ROUNDING GIVEN OF OPERATION 208.  ERNAL CAUSE WAS AGO OF CONTRIBUTION (Month) (Doy)  TITITY THAT I held an order of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of	F ANY, GIVIN ASTATING TH AST.  NS CONTRIB ED TO THE TER IN PART 1 (A CONDITION  (Year) (He	JTING MINAL  JOHN COMMINS OF THE STREET OF STREET  JOHN COMMINS OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE S	URY(e.g., street, office NOT AT W	in or obout 2: bidg., etc. in  WHILE 2: WHILE ASSIS	ED  2C. WHERE DID  UURY OCCUR?  2F. HOW DID IN  and that an t micide   HIEF MEDICAL I  CIAIE MEDICAL I  CIAIE MEDICAL I	HIS basis, Undetermi EXAMINER EXAMINER EXAMINER EXAMINER EXAMINER EXAMINER EXAMINER	death in my	y actiocation) apinion	DATE SIGN 1/23/69	ED
DISEASES RISE TO TO THE DOTO T	SOR CONDITIONS, THE ABOVE CAUSE (A PING CONDITION L. III CONDITION L. III CONDITION L. III CONDITION CEATH BUT NOT RELATED ROOD FOPERATION 208.  ERNAL CAUSE WAS LIGHT OF CONTRIBUTION (Month) (Doy)  OUT IN THE CONTRIBUTION (Month) (Doy)  OUT IN THE CAUSE WAS LIGHT OF CONTRIBUTION (Month) (Doy)  OUT IN THE CAUSE WAS LIGHT OF CONTRIBUTION (Month) (Doy)	F ANY, GIVIN ASTATING TH AST.  NS CONTRIB ED TO THE TER IN PART 1 (A CONDITION  (Year) (He	JTING MINAL ).  FOR WHICH OPERA  228. PLACE OF INJU- home, lorm, loctory, si work  Inspection  Accident  Accident  24C. NAME of CE	URY (e.g., street, office NOT AT W	WHILE 2: WHILE ASSO PUT Y Ch: OR CREMATO	ED  2C. WHERE DID  UURY OCCUR?  2F. HOW DID IN  and that an t micide   HIEF MEDICAL I  CIAIE MEDICAL I  CIAIE MEDICAL I	HIS basis, Undetermiexaminer EXAMINER EXAMINER	death in my	y act location)	DATE SIGN 1/23/69	ED
DISEASES RISE TO THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE	SOR CONDITIONS, THE ABOVE CAUSE (A PING CONDITION L. III CONDITION L. III CONDITION L. III CONDITION CEATH BUT NOT RELATED ROOD FOPERATION 208.  ERNAL CAUSE WAS LIGHT OF CONTRIBUTION (Month) (Doy)  OUT IN THE CONTRIBUTION (Month) (Doy)  OUT IN THE CAUSE WAS LIGHT OF CONTRIBUTION (Month) (Doy)  OUT IN THE CAUSE WAS LIGHT OF CONTRIBUTION (Month) (Doy)	IF ANY, GIVIN AST.  NS CONTRIBUTED TO THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF THE TER IN PART 1 (ACCONDITION OF TH	JTING MINAL ).  FOR WHICH OPERA  228. PLACE OF INJU- home, lorm, loctory, si work  Inspection  Accident  Accident  24C. NAME of CE	URY (e.g., office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to office to offic	while Assis	ED  2C. WHERE DID  UURY OCCUR?  2F. HOW DID IN  and that an t micide   HIEF MEDICAL I  CIAIE MEDICAL I  CIAIE MEDICAL I	his bosis, Undetermi EXAMINER EXAMINER EXAMINER EXAMINER AI EXA	death in my ned manner miner (City, low	y actiocation) apinion	DATE SIGN 1/23/69	ED

10	TTO		DAL	IIMO	(E CITT	HEALIH	DEPART	MEIAI	
A 4 I	CDIC	AI	EVA	AAIN	IEDIC	CED:	TIELC	ATE	-

1 B-640 69 11976 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE 69 11976

			WED	ICAI	L []	CAMILLER 2	CKIILI	CATEO	DEAL	REG. NO.	00	TTOIG
	IH NO.						II					-
	AME OF DEC		- T	D.I.		(TOLLIVER)	2. DATE OF	Known	Month	Doy	Yeor	Hour
		MARI		BURL			DEATH	Estimoted _				М.
	NAME OF					OUNCED DEAD ON, GIVE STREET	3. DATE PRONO	UNCED DEAD	Month	Doy	Yeor	Hour
HOS	PITAL	ADDRE	SS OR LOCA	TION)	SIIIOIIC	JN, GIVE STREET				ember 2,		8:35 P.M.
OK	NSTITUTION						5. USUAL F	ESIDENCE (Whe	re deceosed l	ived. If institution  B. COUNTY	n: residence b	before odmission)
	S:	INAI HO	SPITAI	(D	OA)		A. JIAIL	Maryl	land	b. 0001111	15	10
6. S	EX	7. RACE		B. MAR	RIED 2	NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE C	ITY LIMITS?	
F	emale	Ne	gro	WIDO	WED [	DIVORCED .	Ba1	timore		Y	ES 🖾	NO 🗆
9. D	ATE OF BIRT	Н	10. AGE (II			der 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBER				
10	-23-190	6	lost birthdo	v) <u>55</u>	Mont	hs Doys Hours Min.	4016	Chatham	Road			
	BIRTHPLACE (S		n country)		12. C	ITIZEN OF	13. FATHER		1000			
	Virgini	a			M	VHAT COUNTRY?	Johr	Tollive	r			
144			e kind of work	14B. KIN		BUSINESS OR INDUSTR					6	11077
done	during most of w Housewi	orking lile, ev	en if retired)				Sal					
	WAS DECEAS			FORCE		17. SOCIAL	IB. INFOR	-		Α.	DDRESS	
(Yes	no or unknown)	(If yes, give w	vor or dotes	of service	e)	SECURITY NO.		me Burle	. 40			d
_	No	1	100					ome bulle	y - 40.	to Chath		
	19. 4/2	4-1				CAUSE OF DEA	TH					PPROXIMATE INTERVAL VEEN ONSET AND DEATH
	DISEAS	E OR COND	ITION DIRE	CTLY		Arterios	clerot	ic Cardio	vascu1	ar Disea	ise	
		LEADING TO				(A)IMMEDIATE	CAUSE					
	(This does n heart failure	ot meon the , osthenio, etc.	mode of dy , It means the	ing, e.g., diseose,			AS A CONSE	UENCE OF:				
	injury or con	nplication which	ch coused de	oth.)								
	14	NTECEDENT	CAUSES			(p)		-				
	DISEASES	OR CONDITIO	ONS, IF AN	, GIVING	3	(B) DUE TO, OR	AS A CONSE	QUENCE OF:				
		E ABOVE CAL		TING TH	E							
3	01100111					(c)						********
CERTIFICATION	OTHER CICA	IIFICANT CON	II	ONTRIBL	ITINIC							
O	TO THE DEA	ATH BUT NOT	RELATED TO	THE TERM	MINAL							
		CONDITION			-	WHICH OPERATION W	AC DEDECOR	4 ED			121 AUTC	DPSY? (Yes or No)
18	ZUA. DATE OF	PERATION	4 208. CO	ADIIION	IFOR	WHICH OPERATION W	AS PERFOR	VED			21. AUTO	)F31? (163 01 110)
	0				T						no	
O	22A. EXTER UNDERLYING	NAL CAUSE			home	PLACE OF INJURY (e.g., , form, loctory, street, office	e bldg., etc.)	22C. WHERE DID NJURY OCCUR?	(If in Boltime	ore City, give ex	oct location)	
	UTING CA											
Σ	OF INJURY	(Month) (D	oy) (Yeo	r) (Ho		2E.INJURY OCCURRED		22F. HOW DID I	NJURY OCC	UR?		
	(APPROX.)						WHILE					
	23.											
	I cert	ify that I h	eld on 1	nquiry		Inspection X Au	tap sy	and that an	this basis	, death in my	opinion	
	resul	ted from: N	latural cau	ses X	A	ccident Suicio	de 🗌 🖁 H	amicide 🗌		ined manner		
		6-	)	1	11	,1		CHIEF MEDICAL	EXAMINER			
	ACTUAL	1 1 /4	1.11	11	1/1	1	- ASS	ISTANT MEDICA				DATE SIGNED
	SIGNAT	110	wy	411	m	M.C		OCIATE MEDICAL				
	NAME (1		nald N	. Ko	rnb]	lum,M.D.	MOO	JOINTE MEDICAL	COMMINER		12/3/6	9
	BURIAL CRE	MATION, 2	4B. DATE		24	C. NAME of CEMETERY	or CREMAT	ORY   241	. LOCATIO	N (City, tow	n, or county	(Stote)
RE/	MOVAL (Speci Burial	fy)	12-8-6	9		Mt. Auburn			Balt	imore, M	arylan	id
254	. DATE REC'D				NAME	OF REGISTRAR	25C.	FUNERAL DIREC			ADDRESS	
	DEC 4	1969	A Park	8 E. 3	all	en M.D.	C	narles R.	Law	802 Madi	son Av	re.
VS	51-REV. 1/1/6E		4100.00	1	3 /	4 9 0	0 0	0 /	n			
					1 4	al de la	0	1	C.			

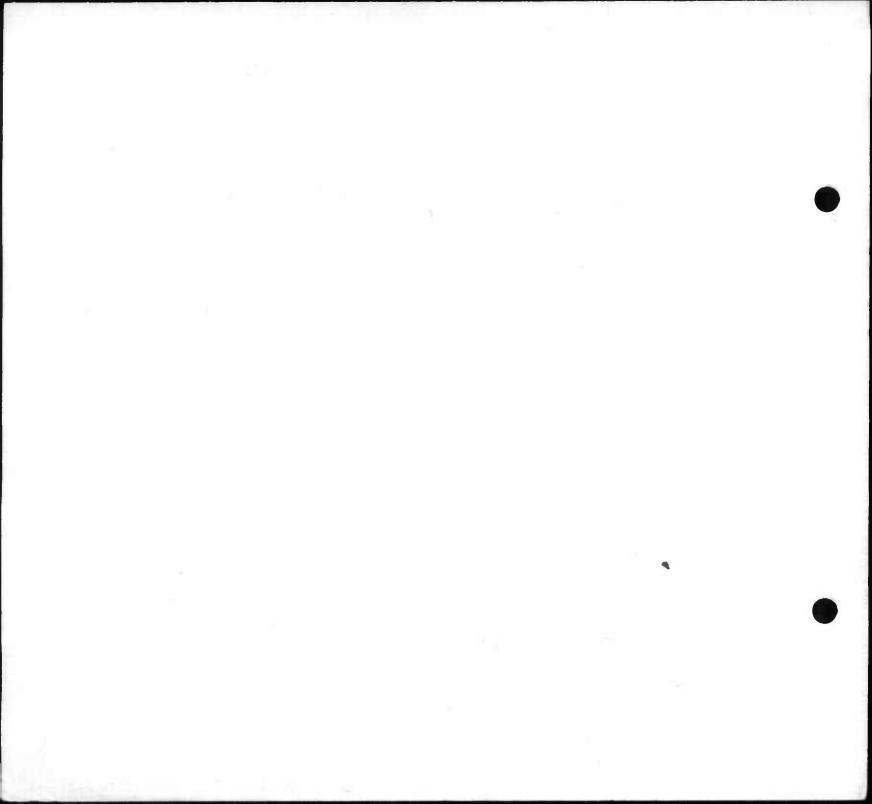


## IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	E-363	69 1	1977		HEALTH DEPARTMEN		69 11977
	IRTH NO.			CERTIFICA	TE OF DEAT	H REG. NO.	03 11977
	NAME OF DECEASES ype or Print)	MARY E	• ETHE	RIDGE		E AND HOUR OF DEAT	TH I
3	PLACE IN BALTIMO	E MARYLAND, W	HERE PRON	OUNCED DEAD	4. USUAL RESIDENCE		f institution: residence before admission
- [] H	ULL NAME OF ( IOSPITAL OR NSTITUTION	IF NOT IN HOSPITA	AL OR INSTI	TUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	***	1303
11.		7			BALTIMORE	D. II	ASIDE CITA TIWIL25.
	152	7 CLIFTON .	AVENUE		E. STREET AND NUMB	ER	IES NO
	) ()				1927 CLIFT	ON AVENUE	
5.	SEX 6. RA	CE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH 3-10-1918	9. AGE (In years	if Under 1 Ys. If Under 24 Hrs. Months Doys Hours Min.
		DLORED	WIDOWE			lost birthdoy) 51	Months Doys Hours Min.
10	A. USUAL OCCUPATIOne during most of working	ON (Give kind of work life, even if retired)	108, KIND C	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote o	r foreign country)	12. CHIZEN OF WHAT COUNTRY
	Housewife	2011			OLD NANCOCK	, VIRGINIA	U.S.A.
13	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
	SENUE SNEED	)			LAURA BAIL	EY	
15	. Wos Deceased Ever i es, no at unknown) (If ye	n U. S. Armed Ford	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	NO	s, give wai or dole:	of services	SECURITY NO.	ROBERT ETHE	RIDGE * 1527	CLIFTON AVE.
	18.	VI	-	CAUSE OF DEAT	1		APPROXIMATE INTERVAL
	(This does not me heart failure, asther injury or complication ANTEC DISEASES OR COnse to the about UNDERLYING COI	nia, etc. Il means on which caused CEDENT CAUSES ONDITIONS, il a ove cause (A)	the disease death,) ny, giving	(B)DUE TO, OR AS	A CONSEQUENCE OF:  A CONSEQUENCE OF:		
ATION	TO THE DEATH BUT	NOT RELATED TO THE	E TERMINAL	*****************			***************************************
ERTIFIC	19A-DATE OF OPER	MAS PERF	ORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING C	E FINDINGS CONSIDERED
CALO	OR CONTRIBUTING DEATH (notify medic	S UNDERLYING CAUSE OF of examined	hor etc	B. PLACE OF INJURY (e.g., in me, form, foctory, street, off i.)	ar about 21 C. WHERE DI	D (if in Baltim	nore City, give exact location)
NED!	OF INTUNY	h) (Doyl (Yeor)	(Hour 211	E INJURY OCCURRED		INJURY OCCUR?	1
×	(APPROX)			hile At While			
	22. 1 certify that (	i) (this hospital)	ottended	the deceased from	11/4/60	7_19ta	11/27/69 19
	that (i) (we) lost :			11/25/69	19 / / an		pinian death accurred on the date
				(i) (We) (did) (did not) vi			primari decorred on the date
	23A. SIGNATURE	7	7	(7)	The budy eller dec		23 B. DATE SIGNED
l		14 VI	11/	Dh.u.	Med. Director	Staff Phys.	MILLO
	23C. PHYSICIAN'S NAME (Type)	X	1 Jac	TO ALL	3D. ADDRESS	rnys, co	171/07
	JA3	, 5, Sul	IAN.	MID	5/17, School	der & brief	word No 21222
24	A. BURIAL CREMATIO REMOVAL (Specify)	N, 24B DATE		AME of CEMETERY OF CRE		D. LOCATION (	City, town, or county) (Stote)
	BURIAL	12-3-69	AI	RBUTUS NEMORIA	PARK	BALTIMORE, M	IARYLAND

DEC 4 1969 (36 & Sale & Sale NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 802 MADISON AVE. CHARLES VS 150-REV. 1/1/68



(	7-460				HEALTH DEPARTMENT		60 1	1978
	RTH NO.	69	1197	8 CERTIFICA	TE OF DEATH	REG. NO	00 1	1376
(Ту	NAME OF DECEAS	COLL	IER, MA	BLE B		ABER 1, 19		8:25A
3.	PLACE IN BALTIM	ORE MARYLAND, V	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If i		idence before admission)
H	JLL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	MARYLAND c. CITY OR TOWN		SIDE CITY LIM	1207
1	10	ST. AGNE	S HOSP	PITAL	BALTIMORE E. STREET AND NUMBER 2611 HUNTING	DON AVE	21211	NO 🗌
		ACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years		Yr., If Under 24 Hrs.
KA		WHITE	WIDOWED	DIVORCED	08/ <b>98</b> /86	lost birthdoy)	Months D	oys Hours Min.
dor	LUSUAL OCCUPA ne during most of work	TION (Give kind of wor ing life, even it refired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEI	N OF WHAT COUNTRY?
_					MARYLAND		- 11	.S.A.
13.	FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME		. J . A .
		?			MILDRED (NEE	JACKSON)	LEVER	ING
15. (Ye	Was Deceased Eve	r in U. S. Armed For yes, give wor or date	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	. OA OKOOK )		DDRESS
	NONE			NO.	ST. AGNES H	INCRITAL I	IOCDIT/	A I
	18.	XI		CAUSE OF DEATH	JI. AUNLS	OSFITAL F		APPROXIMATE INTERVAL
		R CONDITION DI	RECTLY		11	D	ВЕТ	WEEN ONSET AND DEATH
	(This does not r	DING TO DEATH meon the mode of tenia, etc. It means	the disease	(A) IMMEDIATE CAU	SE HEMORRHAGE CONSEQUENCE OF:	IC PANCRE.	ATITIS	24 hrs,
		alion which caused	death.)	0	0			/
		ECEDENT CAUSES		(B) HENTE	CHOLECYST	ITIS		1 wk. ?
	rise to the a	CONDITIONS, if bave cause IA) ONDITION lost.	any, giving sloling the	(C)	A CONSEQUENCE OF:			
_		II .						
CERTIFICATION	TO THE DEATH BUILDISEASE OR COND	NT CONDITIONS CO IT NOT RELATED TO TO ITION GIVEN IN PAR	TETERMINAL	***********************				***************************************
RTIFIC	2 O	RATION 198 CON WAS PER	DITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes or No	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CO	ONSIDERED ATH?
	21 A. ACCIDENT WOR CONTRIBUTING DEATH (notify med	AS UNDERLYING CAUSE OF	21 B. home	PLACE OF INJURY (e.g., in e, farm, foctory, street, offi	or about 21 C. WHERE DID		re City, give e	xoct location)
MEDICAL	21 D. TIME (Me	onth) (Doy) (Year)	(Hour 21E	INJURY OCCURRED	21F. HOW DID INJ	IN OCCUM		
	OF INJURY (APPROX.)		While	e At Not While		oki occoki		
	22. I certify that that (i) (we) lost	(i) this haspital	) attended th d olive on	e deceased from NO DECEMBER 1	60	9 69 to DEC		19 69
		4	-	(We) (did) (did not) vi	ew the body ofter death.	interity (out) obt	mon death (	occurred an the dote
	23A. SIGNATURE	. / / )			ow the body offer doding		238, DATE S	SIGNED /
	11/	Tole a	(de	M. DEGREE Phys.	ding Med.	Staff XX	12	11/10
	23C. PHYSICIAN'S NAME (Type)	1/6		DEGREE	BD. ADDRESS BALTIMO		AND 21	226
		WEUS	16-NO1	R M.D.	ST. AGNES HOS			NS AVES.
24A	REMOVAL (Special	ON, 248. DATE	24C. NA	ME of CEMETERY OF CREA			ity, town, or co	
	Ruriel	Dec.4	,1969 I	orraine Park		34. 0		
25A		HEALTH DEPT.	258 NAME O	FREGISTRAR	25C. FUNERAL DIRECTOR	170.00	21 150	Lestnut A
Ve '	C 4 1969	) Amberia er	sauser, A	000	rang E. Ch	mowith	~ C (3 (	bealnut are

2 - 1 7 7 8 8 2000

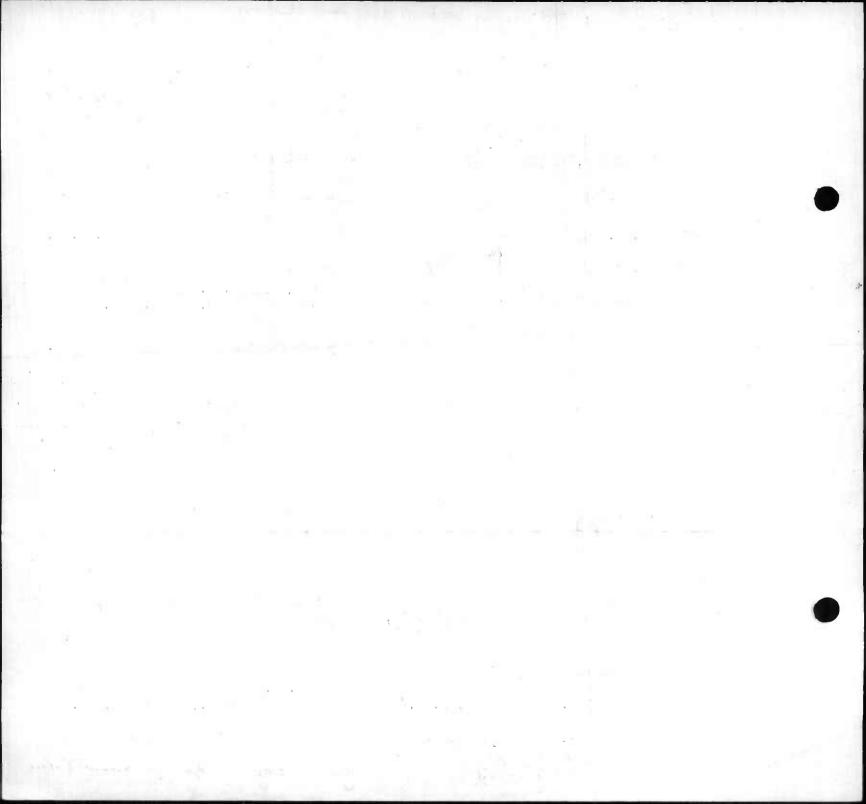
7. K. S. 100

PHESI SMITSHERS (198

THE REPORT OF SMITH A SHIPE

THE RESERVE

7	-650	9 1197	70	TE OF DEAT		69	11979
	NO.		CERTIFICA	ATE OF DEAT			
	or Print)  RROUN	TALLY E	DITVED		November 28		7:10 P. A
3. P	ACE IN BALTIMORE MARYLAN			4. USUAL RESIDENCE	November 28,	institution: re	esidence before odmission
FUI	L NAME OF (IF NOT IN H	OSPITAL OR INST	TITUTION, GIVE STREET	Maryland C. CITY OR TOWN			1207
INS	THITION		ion Hospital	Baltimore	D. 11	NSIDE CITY LI	IMITS?
Z	3900 Loch R			E. STREET AND NUM	BER	153 [V]	NO
	Baltimore,	Maryland	21218	2611 Miles	Avenue		
5. S	X 6. RACE	7- MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Unde Months	T 1 Yr. If Under 24 His Doys Hours Min.
1	ale White	WIDOWE	DIVORCED	10-19-95	74		
	USUAL OCCUPATION (Give kind during most of working life, even if re		OF BUSINESS OR INDUST	TY 11. BIRTHPLACE (State	or foreign country)	12. CITI	ZEN OF WHAT COUNTRY
	tired R. R. Work			Maryland			U. S. A.
	ATHER'S NAME			14. MOTHER'S MAIDE	NAME		3. 11.
ċ	oseph R. Brown			Martha Ne	SS		
5. \	as Deceosed Ever in U. S. Arm	ed Forces?	1 6. SOCIAL	17. INFORMANT Rec	ords V. A. Ho	snital	ADDRESS
les	es (15/29-17	to 1-11-1	213-14-0545	3900 Loch R	aven Blvd. Ba	lto. A	fd.
	B. 1.5 41 11		CAUSE OF DEA			1	APPROXIMATE INTERVAL
	DISEASE OR CONDITIO	N DIRECTLY		Acuto con an	oliiwit-	1	BETWEEN ONSET AND DEAT
	LEADING TO DI		(A) IMMEDIATE C	AUSE	alized perito	nitis	48 Hrs.
	(This daes not meon the ma heort foilure, osthenia, etc. It i	neans the diseas	9-, DUE TO, OR A	S A CONSEQUENCE OF:			
	injury or complication which c						(0) 0( "
	ANTECEDENT CA		(8) Break	down of anast	omosis of sig	moid	(?) 96 Hrs
	DISEASES OR CONDITIONS rise to the abave couse		16				
	UNDERLYING CONDITION 10	si.	(c)Operati	ve removal of	adenoca of r	ectum	7 Days.
IION	THER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE	TO THE TERMINA	G 1				
CERTIFICATIO	9A. DATE OF OPERATION 198		R WHICH OPERATION	20 A. AUTOPSY? (Yes	or No) 208. IF YES, WE	RE FINDINGS	CONSIDERED
RTIF	3 Nov. 21, 1969"	S PERFORMED		Yes	IN CERTIFYING YES		DEATH?
-	TA. ACCIDENT WAS UNDERLY	F 2	18. PLACE OF INJURY (e.g. ome, larm, loctory, street,	, in or about 21C. WHERE I	DID UR?	nore City, gtv	e exact location)
CA	DEATH (notify medical examiner)	е	tc.)				
MEDI	OF INJURY (Month) (Doy)		1E. INJURY OCCURRED		D INJURY OCCUR?		
2	APPROX.)		While At Wo	hile rk			
	2. I certify that Withis ho	spital) ottended	the deceosed from N	ovember 14,	19 69 to No	vember	28, 19 69
	hot (M (we) lost saw the de	ceosed olive on	November 28,	19 69	and that in (My) (aur) o	spinion deo	th occurred on the do
	and hour and from the cause	s stated above.	M) (We) (did) (did not)	view the body ofter d	eath.		
	3A. SIGNATURE					238. DAT	TE SIGNED
	Vand Leckel	skens 1		ttending Med. hys. Director	Staff Phys.	1/	130/69
	3C. PHYSICIAN'S NAME (Type)			23D. ADDRESS V.	A. Hospital		1
	Paul L	Tecklent	perg, M. D. DEGR	3900 Loch R	aven Blvd., B	ltimor	re, Md.
24A	BURIAL CREMATION, 24B. DA	TE 24C.	NAME of CEMETERY OF	EE]	24D. LOCATION	(City, town,	or county) (State)
13	wil 12-	2-69 \$	t marys		Baltimore	, md.	*
25A	DATE REC'D BY HEALTH DEPT	25B NAMI	E OF REGISTRAR	25C FUNERAL DIR	ECTOR A	2/11- 4	bestown two
-	FC 4 1909 1904	n c dense	Se Property	o Saul E	Agnowett po	3613 %	broknet tel.
S	50-REV. 1/1/68		- Ca	0 7 0	H		



1 5-345-69 11980 BALTIMORE CITY HEALTH DEPARTMENT

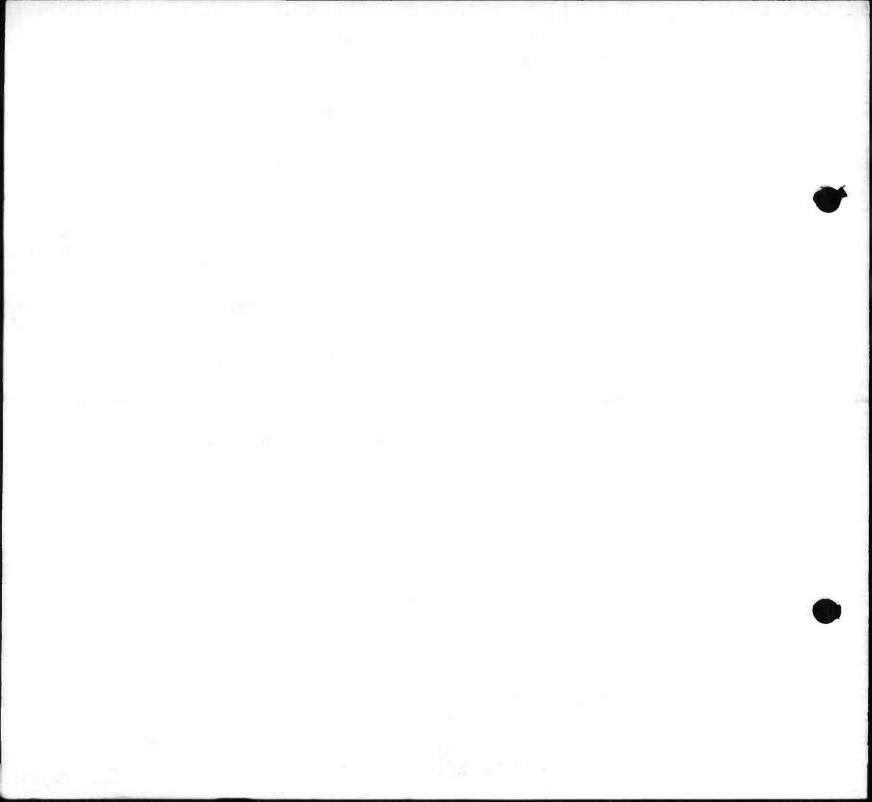
MEDICAL	EY A MAINIED'S	CERTIFICATE	OF DEAT
MEDICAL	EXAMINER 2	CERTIFICATE	OF DEAT

CO 44000

BI	RTH NO.		WEL	PICAI	- EX	AMINER'S	CERTIFI	CATE C	OF DE	ATH _R	EG. NO	00	3 11	300
1.	1. NAME OF DECEASED					2. DATE	Known	C Mon	nth	Day	Year	Hour		
(Ty	pe or Print)		Lu	la St	alli	ngs	OF DEATH	Estimoted					1,,,,,,	
4.	PLACE IN BAL	TIMORE, MA					3. DATE		Man	th	Day	Yeor	Haur	М.
HC	LL NAME OF DSPITAL INSTITUTION	(IF NO	T IN HOSPIT	AL OR INS	TITUTIO	N, GIVE STREET		UNCED DEAD	12			69	4:55	а. м.
	46	T		Inani	4-1		A. STATE				YTAUC	1 residence	C o	ission)
6.	SEX	7. RACE	neran I			AUGUSTO MARRIED D	C. CITY OF	Marylan	10	ID II	VISIDE CI	TV HANTS2	CX	4
MARKIED LA NEVER MARKIED														
female White WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (In years   H Under 1 Yr. H Under 24 Hrs.					E. STREET	Baltimo			YE	S E	NO L			
A	pril 15,	1913	last birthda	y)		Days Hours Min.	-, -, -, -, -, -, -, -, -, -, -, -, -, -			1				
	BIRTHPLACE (S		in country)	56	12. CI	IZEN OF	13. FATHER	605 Ba	resid	e Rd.				
	Balto.				W	HAT COUNTRY?								
144	USUAL OCCUI	PATION (Giv	e kind of work	148. KINE	OF BL	S. A. JSINESS OR INDUSTRY	Aug	R'S MAIDEN	VAME					
dor	e during mast of w	orking life, ev	en if retired)											
16.	Housewi:		U.S. ARMED	FORCES	52 11	7. SOCIAL	18. INFORI	isa Daug	nrick		Ar	DDRESS		
(Ye	s, no arunknown)	(If yes, give v	var or dotes	of service	)	SECURITY NO.		Bal	to. Md	. 2122	29			
-	no 19.	1				CAUSE OF DEA		dward F.	Stall	ings t	05 Br		PROXIMATE I	NITERWAL
	4100	1/1				CAUSE OF DEA	ın						VEEN ONSET	
		OR COND		CTLY		Arterio	osclero	tic card	liovas	cular	dise	ase		
	(This daes no	LEADING TO		ing. e.g.		(A)IMMEDIATE C	AUSE			Calai	d I b c	asc		
	heart failure, injury ar com	asthenia, etc.	. It means the	disease.		DUE TO, OR A	S A CONSEC	UENCE OF:						
		pricarion with		,								7.4		
		ITECEDENT				(B)								
	DISEASES C	ABOVE CAL	ONS, IF ANY USE (A) STAT	, GIVING		DUE TO, OR	AS A CONSE	QUENCE OF:						
Z	UNDERLYIN	G CONDITI	ON LAST.			(c)								
은			II											
CERTIFICATION	TO THE DEA DISEASE OR	TH BUT NOT	RELATED TO	THE TERM	INAL	************************								
RT						HICH OPERATION WA	S PERFORM	IED				21. AUTO	PSY? (Yes	or No)
Ö	2											yes		
AL	22A. EXTERN	NAL CAUSE	WAS		228. PL	ACE OF INJURY(e.g.,	in or obout 2	2C. WHERE DI	D (If In 80	Itimore City	. give exac	t Igention)		
MEDICAL	UNDERLYING UTING CAL				home, f	orm, foctory, street, office	bldg., etc.) II	NJURY OCCUP	43		, give and			
Σ	22D. TIME (		ay) (Year	) (Hau	) 22E	INJURY OCCURRED	2	2F. HOW DID	INJURY C	OCCUR?				
	OF INJURY (APPROX.)					LEAT NOT	WHILE							
	23.				m. WO	RK L AT W	ORK							
	1 certi	fy that l/h	eld on la	nquiry [	] 1	nspection Aut	apsy X	and that or	this ba	sis, death	in my	apinian		
- 13	result	ed fragt; N	atural cau	ses X	Asc	ident Suicid	e Ho	micide		ermined m	-	_		
-		118	1	11/		12		CHIEF MEDICA						
	ACTUAL		M	V//	17	VI	ASSI	STANT MEDICA					DATE SIG	NED
	SIGNATU			"	4	M.D.		CIATE MEDICA						
	NAME (T)		rner U	. Spi	tz,	M.D.	Deputy	Chief N	ledica	1 Exa	miner		12/1/6	9
	A. BURIAL CREM MOVAL (Specify	ATION, 2	48. DATE			NAME of CEMETERY			D. LOCAT			or county)		
	urial		Dec. 4	196	9 1	oudon Park Ce	em.	]	Balto.	Md.				
25	A. DATE REC'D I	BY HEALTH I	DEPT.	258. N	AME O	F REGISTRAR		UNERAL DIRE			AD	DRESS	03.005	
	DEC 4	1969	Street !	140	Say	Ka,	G.	Truman S	chwa b	5151	Wd. Balto		21229 onal C	em.
VS	151-REV, 1/1/68			1 0	5	0 11 11	0 0	9 0	6					

Braeside Rd. to entire animal Support of the Art Light Deploy Party Con. Dall to the Con.

1// 24/0 69 11/04	ATE OF DEATH × REG. NO. 69 1198	31						
NAME OF DECEASED	2. DATE AND HOUR OF DEATH							
UMES. O. MC QUEY.	11-30-69.	P. M.						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. Il institution residence before a A. STATE B. COUNTY	admission)						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
JA UNIVERSITY HOSPITAL.	E. STREET AND NUMBER  S. ALROLL St.							
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED D	2-20-16. lost birthdoy 2 Months Days Hours	er 24 Hrs. Min.						
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)  LABORER	Y 11. BIRTHPLACE (State of foreign country)  12. CITIZEN OF WHAT (  M.D.  ANERICAN	1						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1.1						
JAMES B- HCQUAY	ALICE FOWLER							
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)  220-09-3037	MBHEZENL. BLIZZED SONG TEL: - 848-	7/14						
18. CAUSE OF DEAT	TH SOCIETIES APPROXIMATE IN	NTERVAL						
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET A	IND DEATH						
(A) IMMEDIATE CAI  (This does not mean the mode of dying, e.g., heart failure, osthenia, etc., it means the disease.	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, estheric, etc., it means the disease DUE TO, OR AS A CONSEQUENCE OF:							
injury ar complication which caused death.)	injury or complication which caused death.)							
ANTECEDENT CAUSES (B) FERF	ORATED SIGHOID COLON. 4-DAYS,							
rise to the phase cause (A) station the	S A CONSEQUENCE OF:	KEKS.						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED RUPTURED VISCUS	UANT CACHEXIA. 6 MTI	rs.						
3 11-28-19. IPS CONDITION FOR WHICH OPERATION WAS PERFORMED RUPTURED VISCUS	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE O	in ar about 21 C. WHERE DID  office bldg., INJURY OCCUR?  (If in Baltimore City, give exact location)							
21D.TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work								
22. I certify that (1) (this hospital) attended the deceased from	1 19 /1	67.						
that (1) (ve) last sow the deceased olive on	19 and that in(my) (sur) opinion death occurred on	•						
and hour and from the causes stated above. (1) (We) (did) (did not) v	view the body after death.							
DECESE Phy.	ending Med. Shaff 1/-30 -89	cy.						
23C. PHYSICIAN'S NAME (Type) J. H. HATHER.	23D. ADDRESS UNIVERSITY HOSPITAL	<u></u>						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRI BURIAL (Specily)  12/4/69  ST. MARYS CEME		(State)						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	ETERY SILVER RUN CARROLL CO. N. 25C. FUNERAL DIRECTOR ADDRESS	<u>ID</u> ,						
DEC 4 1969 36 Sept & Nauley M. A.	Ox of Mayors of Wahnerste	17 M						



1	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	

-	3-163	69	11982		HEALTH DEPARTMENT		69 1198	32
1,1	RTH NO. NAME OF DECEA	LIARD LE	E Robe	POTE	2. DATE	AND HOUR OF DEATH	. 7	1
3.	PLACE IN BALTIN	ORE MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (W	here deceased lived, If in	stitution; lesidence before	e admissian)
}  B(	JLL NAME OF OSPITAL OR ISTITUTION	IIF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION	ON, GIVE STREET	A. STATE B. CO	Frederick		//
B	N.		,		FREderick		YES NO	
1	Univ of	Md. He	920		e. STREET AND NUMBER		57	
2.	SEX J 6.	W.	WIDOWED	DIVORCED	6. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Days Hours	nder 24 His.
10/	A. USUAL OCCUPA	TION (Give kind of work ing lile, even II retired)	108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE IStote or f	oreign country)	12. CITIZEN OF WHA	T COUNTRY?
			_	_	Md		115	
13.	FATHER'S NAME	2 1			14. MOTHER'S MAIDEN N	IAME	1 4.5.	
	GERALD	W. Kobe	VTS		GENEVIEUR	2 Rice		
15. IYe	Was Deceased Evens, no of unknown) III	r in U. S. Armed Foreyes, give wor or dote	s of service)	SOCIAL SECURITY NO.	17. INFORMANT	7170	ADDRESS	
	NO			None	Family			
	DISEASE O	DR CONDITION DIS	ECTLY 2				APPROXIMATI BETWEEN ONSE	
	LEA	DING TO DEATH	3 /	(A) IMMEDIATE CAU	SE MASSIER	TION INTO	Aichea /	1
	this does not meon the mode of dying, log, log, heart failure, ostherio, etc. It means the disease injury or camplication which caused death.							
		ECEDENT CAUSES	30	R. P.	1 22 3- 15	o feer	201	6
	DISEASES OR	CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	10 tege	2 27	
	UNDERLYING C	bove cause (A) ONDITION (ast.	sloling the	(c)				
		11	1/4	26				
TOT	LIO THE DEVIN S	NT CONDITIONS CON	IE TEDLITALAT.					
FICA	19A. DATE OF OP	ERATION 198 CON	DITION FOR WHIC	CH OPERATION	20A. AUTOPSY? (Yes or	No. 20B. IF YES. WERE F	INDINOS CONSIDERED	
CERTIFICATIO	0	WAS PERF			No		INDINOS CONSIDERED JSES OF DEATH?	
CAL C	OR CONTRIBUTION DEATH Inotify med	VAS UNDERLYING PG CAUSE OF	etc.)	6	or about 21 C. WHERE DID		City, give exoct location	)
ā	21 D. TIME (M	onth) (Doy) (Year)	(Houd 21E INJ	URY OCCURRED	TREDIT			
2	(APPROX)	1 29 69	8P.M Work	Not White	B SCAL	p-hotw	2 = 2 &	
	22. I certify that	(1) (this hospital)	attended the d		11/32	19 69 to	10	19 69
		t sow the decease		12/1		that in (my) (our) opin		on the dote
	and hour and fro	m the couses state	ed abave. (1) (W	e) (did) (did nat) vi	ew the body ofter death	ie.		
	23A. SIGNATURE	111	,	ZZ Attack	Ji		23B, DATE SIGNED	,
	23C. PHYSICIAN'S	ink X/10	Mpsan	- Myticker Phys.	Director L	Staff Phys.	12/16	5
	NAME IType)		75	2	3D. ADDRESS	3 P-344		
24A	BURIAL CREMAT	IN HART	MAN 24C. NAME	M-D DEGREE	Unv. Hospita			
	REMOVAL (Speci Burial	12-3-19	Mount	t Olivet Cem			y, town, or county)	(State)
_	DATE REC'D BY		DE NAME OF	•	25C FUNERAL DIRECTO	rederiek,	Frederick,	Md.
DE	C 4 1963	United C.	THE PARTY NAMED	0000	LAOUELL-C	032-1/11	ederick, Mar	yland
VS	150-REV. 1/1/68	14 11 1	110				/	

12 July 12 - 44 the state of 2004 ng & Williams the first and the in a strain our the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s

BALTIMORE CITY HEALTH DEPARTMENT 69 11983 CERTIFICATE OF DEATH of death Deceased I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 0 (Type or Print) DAVIS, JAMES L. **DECEMBER 3, 1969** hospital death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 9 ST. AGNES HOSPITAL prior CATON & WILKENS AVES. contributing etermined ca E. STREET AND NUMBER TIMORE, MARYLAND 21229 occurred BOX 320 MEADOW RIDGE RD. is made in regular 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years lost birthday) 7. MARRIED NEVER MARRIED deceased DIVORCED WIDOWED X 19 86 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or larging country) disposition done during most of working life, even if retired) CARPENTÉR W. VIRGINIA kind; (4) Und Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME G. JAMES eath MARY CATHERINE (DAVIS 0 15. Was Deceased Ever in U. S. Armed Forces? (Yes.no or unknown) (If yes, give wor or doles of service) 6. SOCIAL 17. INFORMANT AVES. or final SECURITY NO. WILKENS NES HOS attendance any pronounced CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY ō embalmed LEADING TO DEATH fracture (This does not mean the made of dying, e.g., heart failure, asthenia, etc. 11 means the disease, DUE TO, OR AS A CONSEQUENCE OF: regular Injury or camplication which caused death.) ANTECEDENT CAUSES who before the remains are DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) stating the (except where the physician; and (6) No physician was in UNDERLYING CONDITION last 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). (2) Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 0 21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? the body was released to the hospital MEDICAL of any nature; must be obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) (Houd 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) 22. I certify that (I) (this hospital) attended the deceased from NOVEMBER that (1) (we) last saw the deceased affice on DECEMBER 19 69 and that In (my) (our) opinion death accurred on the date eath) hospital and have and from the causes stated obave. (1) (We) (did hot) view the bady after death. accident 23A. SIGNATURE 23B, DATE SIGNED Ö Attending 0 approval at a 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS D.O.A. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 24C. NAME OF CEMETERY OF CREMATORY eceased 12-6-1969 Olivet Cemetery M.R. Etchison Frederick, Md. 21701 & Son VS 150-REV. 1/1/68 0

69 11983 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY D. INSIDE CITY LIMITS? YES X NO [ If Under 1 You Months! Doys If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS MD. BALTO. ORDS-CA (Il to Baltimore City, give exact location)

03 69

The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s ogs, yourselfill CARACTER STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF 

his certificate must be

the body was released

	hospit	Jse of	(5) De	ance	death	
	O	Cal	Se;	pue	40	
	approved by the chief medical examiner or his assistant if death occurred in a hospit	to the hospital by a medical examiner. Also, if the direct or contributing cause of	of any nature;: (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) De	ular atte	h); and (6) No physician was in regular attendance on the deceased prior to death	ade.
	100	ntr	FI	eg.	dse	s m
	ath	or co	ndete	Ë	dece	tion
	if d	rect	(4) U	Was	the	sposi
FUNERAL DIRECTOR: IMPORTANT	stant	he di	cind;	death	no es	be obtained before the remains are embalmed or final disposition is made.
2	GSS	**	nyl	P	dan	i ti
7	r his	Viso,	of a	Dunc	ttenc	ped
	ero	7	ture	ron	זו מ	oalu
5	min	nine	frac	0	gulc	me
ב ע	Xal	Kan	A	*	10	are
K	9	6	E	ם	===	ns c
4 4	dic	dica	rns	Sici	SD.M	ma
2	f m	med	y b	phy	an	9 10
Z	hie	۵	Bod	the	rsic	t t
2	he	l by	3	re	phy	fore
	by t	ita	re;	whe	Š	l be
	Pe	SOL	ato	pt	<u> </u>	inec
	rov	할	ıy n	XCe	pur	bta
	ddp	to t	f an	<u>ಿ</u>	0 %	0 90
			0	77	_	-

must

approval

death) hospital

0

eceased

8 prior

at An

D.O.A.

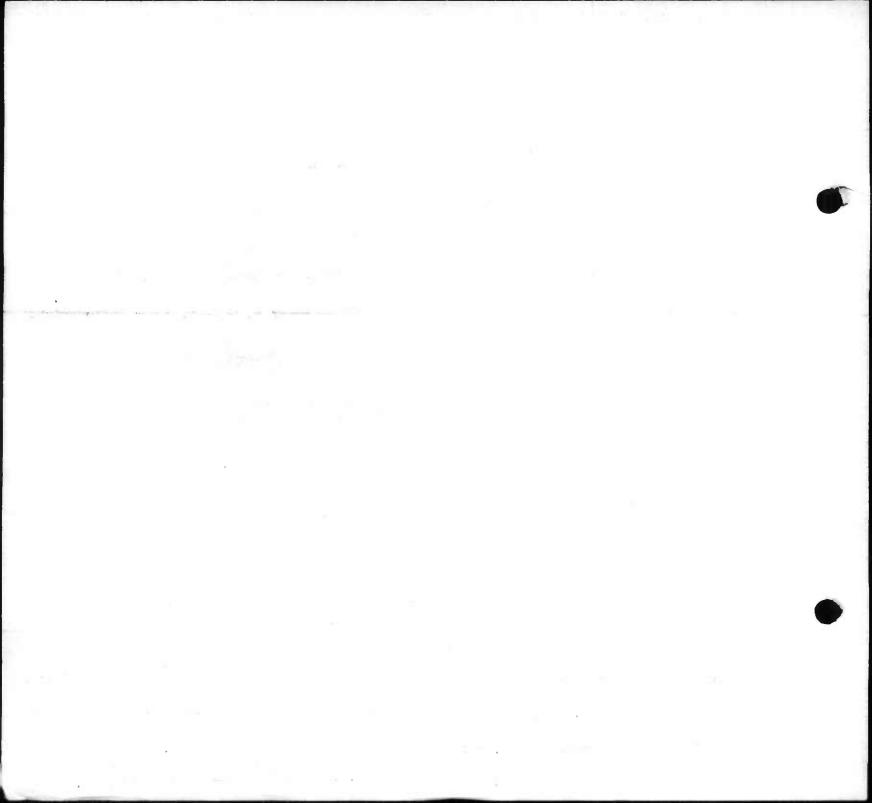
Was

accident of

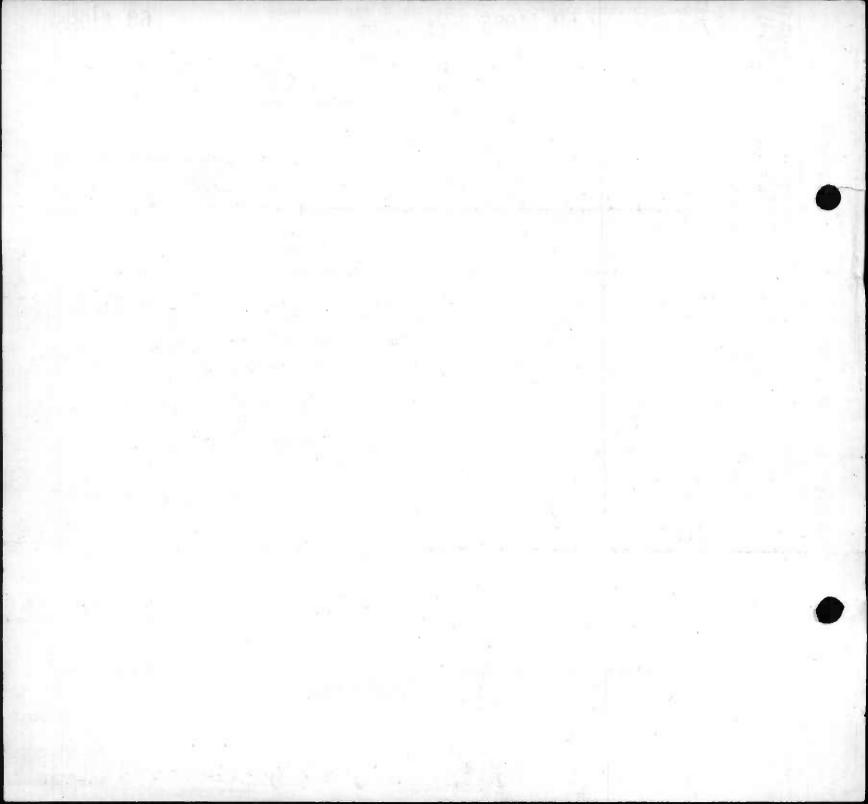
(5) Deceased dance on the death. Such

hospital and use of death

69 11984 BALTIMORE CITY HEALTH DEPARTMENT 69 11984 CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) De 4. USUAL RESIDENCE (Where deceased lived, it institution: residence before admission) DORNTHY AA. 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD A. STATE B. COLINTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONS C. CITY OR TOWN D. INSIDE CITY LIMITS? + nederick YES -NOTO E. STREET AND NUMBER 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE Un veors If Under 1 Ya. 7. MARRIED NEVER MARRIED 9. AGE un If Under 24 Hrs. 1 WIDOWED W DIVORCED 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlate or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired? AZU Homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clarence Elizabeth Cooley lenhan 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknownf Uf yes, give war or dotes of service) 6. SOCIAL 17. INFORMAN ADDRESS SECURITY NO. Chart Harry Ma May-Jr.-Route 6-Frederick-18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. If means the disease, injury or complication which caused death.) ANTECEDENT CAUSES 6 mm DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 198 CONDITION FOR WHICH OPERATION 19A-DATE OF OPERATION 20A. AUJOPSY? (Yes or No) 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, farm, factory, street, office bidg., INJURY OCCUR? (If In Baltimore City, give exact location) MEDICAL DEATH (notify medical examined 21 D. TIME OF INJURY (Months (Doy) |Year Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At [APPROX] Work At Work 22. I certify that (I) (this hospital) attended the deceased from Color Diecombe that (1) (we) last saw the deceased alive on December) 69 and that in(my) (our) apinion death occurred on the date and hour and from the causes stated abave. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23 L DATE SIGNED Attending | Med. Director 10 23C. PHYSICIAM'S NAME IType) DEternber 1,1769 Phys. 23D. ADDRESS Mark M. DEGREE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATOR town, or county) (Slote) Frederick- Md. 21701 Burial 12-5-1969 269 Mt. Olivet 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR M.R. Etchison & Son-Frederick. Md. 27707 VS 150-REV. 1/1/68

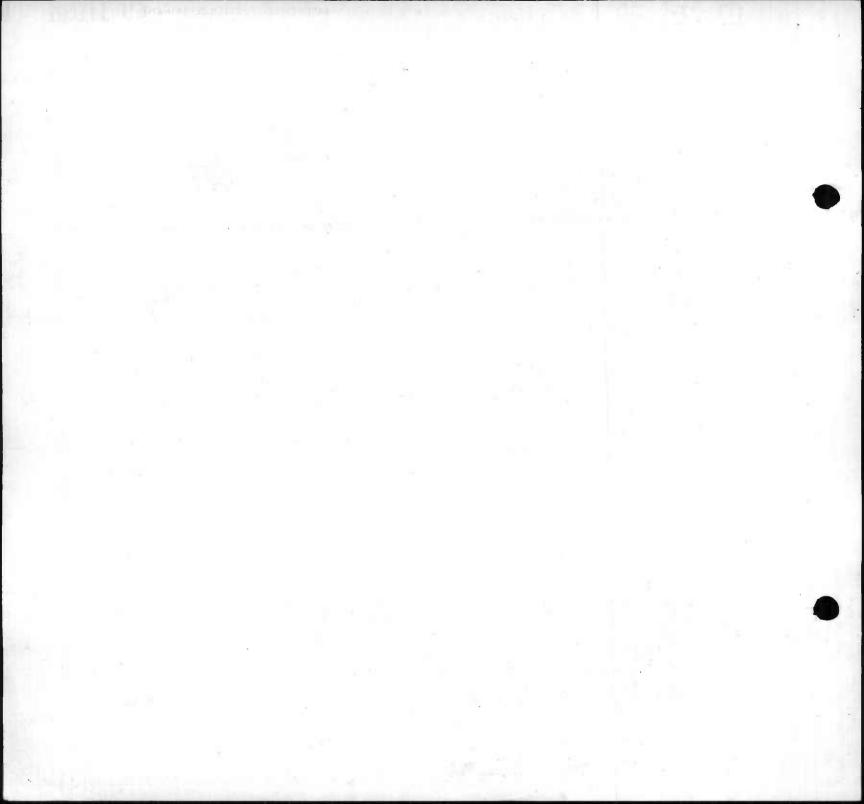


1	BALTIMORE CITY HEALTH DEPARTMENT
orbet.	69 11985 CERTIFICATE OF DEATH  REG. NO. 69 11985
deat deat cease on th	1. NAME OF DECEASED (Type or Print) RAAB, ROSINA A. 20, 1969 6:10 P.M.
de Doft	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived: If institution: residence before odmission)  A. STATE  B. COUNTY
use (5) dand	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
se;	NORTH CHARLES GENERAL HOSP Balts YESD NO
ting d cau r atte prior e.	192714 N. Charles ST E. STREET AND NUMBER . Hamilton ave.
ntribu mine egula ised	5. SEX 6. RACE   7. MARRIED   NEVER MARRIED   B. DATE 9F BIRTH   9. AGE (In years lost birthdoy)   Months Doys Hours Min.
or con ndeter s in re decea	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
N	13. FATHER'S NAME
irect (4) ( (4) u h wc h the lispos	John a. Hoerner Frances J. Hansner
e di eath e on	15. Was December in U. S. Armed Forces? 16. SOCIAL 17% INFORMANT ADDRESS SECURITY NO.
キャッ Siệ	215-18-3892 Ms. Rosina (. Schaff -5404 Fair Oaks Ave.
if in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is in it is	18. 4 12 Lag I CAUSE OF DEATH  CAUSE OF DEATH  BETWEEN ONSET AND DEATH
So, of of of can ed	DISÉASE OR CONDITION DIRECTLY CITÉTION CLEADING TO DEATH
onon onon	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,
actual property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the propert	injury ar complication which caused death.)
fr. fr. ho egu	DISEASES OR CONDITIONS, if ony, giving  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:
X X X X X X X X X X X X X X X X X X X	rise to the above cause (A) stoting the
ial e ician as in	UNDERLYING CONDITION last. (c) Commy attriputed
edic burr hysi n w rem	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
Body the p ysicia e the	DISEASE OR CONDITION GIVEN IN PART 1 (A).  DISEASE OR CONDITION GIVEN IN PART 1 (A).  199A. DATE OF OPERATION WAS PERFORMED  200A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
tal by	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
spi ture twe 6) r	OF INJURY  OF INJURY  (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED  21F. HOW DID INJURY OCCUR?
hos natu cept id (6)	(APPROX.) Work L At Work L
appro to the of any all (exc a); an	22. I certify that (I) (this haspital) attended the deceased fram 1/1/169 19 ta 1/29 1969, that (I) (we) last saw the deceased alive an 1/29 1969 and that in(my) (aur) apinian death accurred an the date
00-	and haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death.
dent deat deat deat must	23A. SIGNATURE 23B. DATE SIGNED
musr eleas ccide a hos to do	Francisco a Baltagar MD Attending   Med. Stoff   11/29/69
	23C. PHYSICIAN'S NAME (Type)
y was r y was r 1) An a 0.A. at d prior approv	TRANCISCO A. ISALTAZAR GEGREE  24A. BURIAL CREMATION,  24B. DATE  24C. NAME of CEMETERY of CREMATORY   24D. LOCATION (City, town, or county) (Stote)
	REMOVAL (Specify)
	Burial 12-3-69 Holy R deemer Cemetery Balto. Md.  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
the l shov was dece	DEC 4 1969 Resident Man O John Co Midder Inc-6415 Belair Rd. +21206
I	VS 150-REV. 1/1/6B



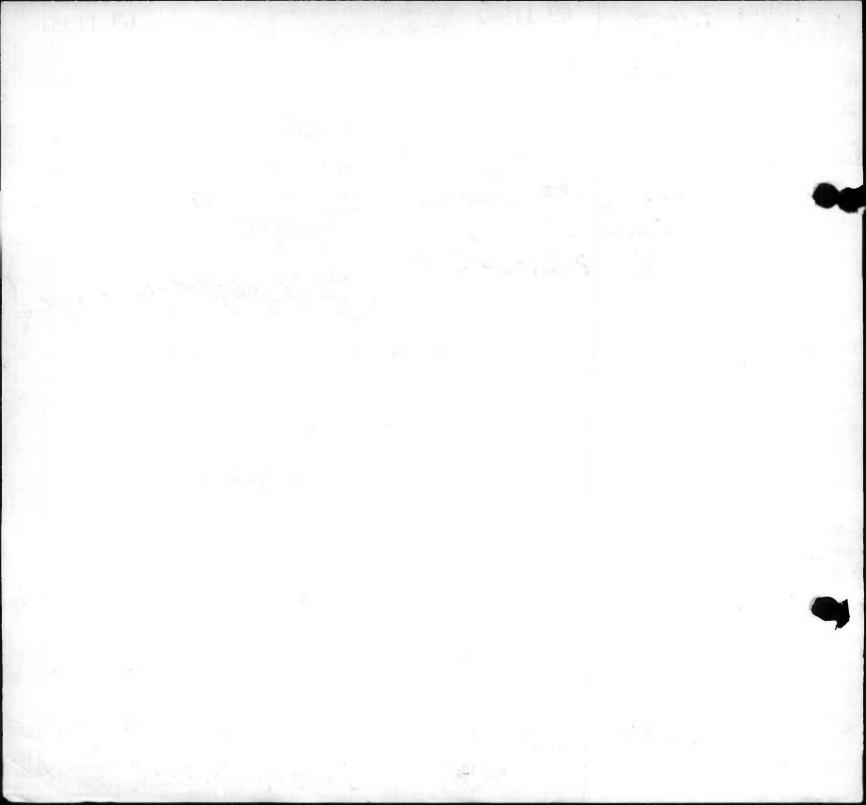
4
the eth
as as
ا م م
D of the
osi 5)
d Solo
CG CG CG CG CG CG CG CG CG CG CG CG CG C
in a training
ed d
d d d
THE BE
e de la serie
de in de
de de sit
the the
lir h His
at o la
the de de ince
as it as
o, o, nce
Als
0 - 2 - 2 - 2
approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased at (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.
fre
E A A a a
al al
dic dic dic sision
E e d d E e
d dy d
chi Bo Bo Bo th th
or by
ai +
by we have
pt pt
tain de
th th ex ob
10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to
be to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of
en en en de
ho ho
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.
A P B
t p O o c
K S C S S S S S S S S S S S S S S S S S
he he ho ho ho ho ho ho ho ho ho ho ho ho ho
F = 2 3 0 3

-	D CO 1100	BALTIMORE CITY	HEALTH DEPARTMENT	69	11986
1	F-256 69 1198	CERTIFICA	TE OF DEATH	REG. NO.	
1.1	NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
	pe ar Print) Mary	Torner	Sucum	ler 1,1969	10:30 A. M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (Where		residence befare admission)
FU	ILL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Morgeon	2	7/7
IN	STITUTION	a anone	C. CITY OR TOWN	D. INSIDE CITY	Y NO
0	0 2400 Inglise	de vonuice	E. STREET AND NUMBER		2.0
	0		2400 Nr	gleside a	ne
15.7	T. 100 D 11/1/20	NEVER MARRIED	B. DATE OF BIRTH	AGE (In years If Und Months	er 1 Yr. If Under 24 Hrs. Doys Haurs Min.
10/	NUSUAL OCCUPATION (Give kind of work 10B, KIN)		11. BIRTHPLACE (State at lareign	n cauntry)   12. CI1	TZEN OF WHAT COUNTRY?
dor	ne during mast af working life even if retired)	-1/2000	(Aunia)		ISA
13.	FATHER'S NAME	Home	14. MOTHER'S MAIDEN NAM	E	5 5 7 7
	Samuel Dook	100	Long.		~ D-
15.	Was Deceased Ever in U. S. Armed Fartes?	1 6. SOCIAL	17. INFORMANT	100 of 70. H37	nagarpre Beach
1111	(If yes, give war ar dates al servi	security No.	Victor Posser	-1601 W-24	th St
	18. Sf 1 2 Gf	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		A . A	e. Oa. 12-#	2 1200
	(This does not meon the mode of dying,		A CONSEQUENCE OF:	year golden	chyp
	heort foilure, osthenio, etc. It meons the dise injury or complication which coused death.)	ose,	2 6	1 11	0
	ANTECEDENT CAUSES	18 Dittel	iscourte (	pretto boscula	2 1900
	DISEASES OR CONDITIONS, if ony, gi		A CONSEQUENCE OF:	12010.	
	UNDERLYING CONDITION lost.	(C)		*************************************	
z	11				
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				
		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	
ERTIFIC			1 1016 111155 215		
AL C	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., hame, larm, factory, street, o	ffice bldg., INJURY OCCUR?	(If In Boltimare City, gi	ive exact lacation)
DIC		21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
A E	OF INITION	White At Not Whi	le 🗖		
	22. I certify that (I) (this haspital) attend	Work At Work		65 to Dece-	bar 1 1055
	that (I) (we) last saw the deceased alive	2	1 /0	t in(my) (aur) apinian de	ath accurred an the date
	and haur and fram the causes stated abov	70 0			
	23A. SIGNATURE				ATE SIGNED
	Toese Que	eleca uno Att	s. Director P	Phys	2-2-65
	NAME (Type)	lman	23D. ADDRESS	AQUIN PA	
24	A. BURIAL CREMATION, 24B. DATE 124	OEGREE C. NAME of CEMETERY OF CR	680/ July	CATION (C)	os countul (Cana)
1	REMOVAL (Specify)	Polar OT	EMATORY 240 LO	CATION (City, town,	ar county) (Stote)
25.	A. DATE REC'D BY HEALTH DEPT. 258 NAT	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	2 21ce 1160	ADDRES\$
1	DEC 4 1969 33.8 8.4	Sin Ach D 1) &	obot course on 1	Des - 6010 11	lest Road
VS	150-REV, 1/1/6B		10 100 10 10 10 V	7.00	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

17	3-625 69 119	BALTIMORE CITY	HEALTH DEPARTMENT	<b>(</b>	CO 4400m			
BIR	TH NO.	CERTIFICA	TE OF DEATH	Registered No.	03 1138/			
1,1	E. CASE NO.  IAME OF DECEASED  De or Print)  Doras			D HOUR OF DEATH	1			
	Mrs Ser	gman	230	am 11/20	A. stitution: residence before admission)			
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN		stitution; residence before damission/			
	FULL NAME OF (If not in hospital or instituti HOSPITAL OR address or location)	on, grve street	C. CITY OR TOWN (If out	110	9260			
	INSTITUTION Gen	eral House	Russol.	<	RURAL ond give township)			
15	8 DAN	D. STREET ADDRESS (If rurol, give locotion)						
Ľ	Baltimore, 11	ia.	Rte. 1 600 364					
5.		NED, NEVER MARRIED WED, DIVORCED (Specify)	6. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
	USUAL OCCUPATION (Give kind of work 10 B, KIND deducing most of working life, even if retired)	OF BUSINESS OR INDUSTRY	0 .		12. CITIZEN OF WHAT COUNTRY?			
	Hersanick	Home	Kussia					
13.	FATHERS Sifomon Belsto	HROW	14. MOTHER'S MAIDEN NAM	WE?				
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of servi-	security No.	17. INFORMANT	Lett Ken	ADDRESS			
		219-54-37/2	Regions	180 × 36	9. servina			
	18. 9 1	CAUSE O	FDÉÁTH		INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY							
	(This does not meon the mode of dying, e.g.,  DUE TO							
	heort foilure, osthenio, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (B) Cesebrouse War Accidents							
	ANTECEDENT CAUSES (B) COSCIDO COLOR HECIDENTS							
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the (C) ASCUD.							
	UNDERLYING CONDITION lost.							
	ATHER SCHUSCANT CONTRIBUTING							
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE Urinar	y Tract I	infection				
1 0	19A, DATE OF OPERATION 198, CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED			
ERTIF	WAS PERFORMED		NO					
CALC	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exoct location)			
I G	21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
8	(APPROX.)	While At Work Not While At Work						
	22. I certify that (I) (this hospital) attended the deceased from 9-10 1969 to 11-29 1969.							
	that (1) we last sow the deceased alive on 17- 29 19 69 and that in (my) (aur) opinion death occurred on the date							
11	and hour and from the couses stated above. (1) (We) (did) (did nat) view the body after death.							
	23A. SIGNATURE	M.D. AH	ending Med.	Stoff 🕟	11-29-69			
Attending Med. Staff Phys. Director Phys. 1/1-2								
	NAME (Type)	M.D.	- No or Ess					
24	BURIAL CREMITION, 24B. DATE 24	C. NAME of CEMETERY OF CR	MATORY 24D.	OCATION (C	ity, town or county) (State)			
1	(Serrova do Coity) 11-29-19	Int and	12	nedaun	, song Island			
25	A. DATE REC'D BY HEALTH DEPT. 258 NO	ME OF REGISTRAR	25C FONEBAL DIRECTOR	Lora Ro	ADDRESS			
1	DEC 4 1969 Udified E. Vall	MARIE O O	Hop Les in	sura Pro	surswam fel.			
I ⊨	150-REV. 1/1/65		O or while					



-	DIEN	BALTIMORE CITY	HEALTH DEPARTMENT		69 11988			
BIRT	Y-150 69 1198	8 CERTIFICAT	E OF DEATH	REG. NO.	00 11000			
	AME OF DECEASED	0111	2. DATE AND	HOUR OF DEATH				
( i y p	Illrs Mollie	RUDIN	12	-2-169	9:15 AM.			
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Where A STATE B. COUNT	deceased lived. If in Y	stitution: residence before admission			
FUI	LL NAME OF (IF NOT IN HOSPITAL OR INST SPITAL OR ADDRESS OR LOCATION)	TITUTION, GIVE STREET	TIMUMAROL	10 18161	DE CIDY HANGES			
INS	LEVINDALE Home		C. CITY ORTOWN	D. INSI	DE CITY LIMITS?			
11			E. STREET AND NUMBER	0 01	113			
/	BALTIMORE, MD		Louindale	aged ?	Come			
5. \$	Ex Famale White Widows	THE VER MARKIED .	ATE OF BIRTH 9.	AGE (In years	ff Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
	USUAL OCCUPATION (Give kind of work 10B, KIND	OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?			
doni	Stall Asians	- Wamo	Kamanii	2)	41.54			
13.	FATHER'S NAME	1	4. MOTHER'S MAIDEN NAM	E	60,77			
	Ulm brance		Almhou	1 1				
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	7. INFORMANT		ADDRESS AL 110			
(Yes	(If yes, give wor or dates of service	SECURITY NO.	1. Cm. (	01.1.	2002 92 100 1			
	10.		N.7/IWWW	Yaxken,	APPROXIMATE INTERVAL			
	18. 342X	CAUSE OF DEATH			BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0000	Pulmonny	FDFM	D 11-30-69			
	(This does not mean the made of dying, e.g., DUFTO OR AS A CONSEQUENCE OF							
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
	ANTECEDENT CAUSES Hypertheras deem							
	DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:							
	rise to the above cause (A) stating th UNDERLYING CONDITION last.	10 Prik	in sous de	euse.				
	UNDERCTING CONDITION Ides.	(C)						
N O	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G						
ATIC	TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).							
10	19A. DATE OF OPERATION 198. CONDITION FOR	R WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED			
CERTIFIC	WAS PERFORMED			IN CERIFIING CA	uses or DEATH:			
AL CE	OR CONTRIBUTING CAUSE OF	1B. PLACE OF INJURY (e.g., in ome, form, foctory, street, offictc.)	or about 21 C. WHERE DID	(If in Baltimor	e City, give exact location)			
U	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s				<u> </u>			
MEDI	OF INJURY	1E. INJURY OCCURRED  While At  Not While	21F. HOW DID INJU	RY OCCUR?				
-	(APPROX)	Work At Work						
	22. I certify that (1) (this haspital) attended	the deceased fram DP	ril 19	169 to 18	1-2- 1969.			
1	that (I) (we) last saw the deceased alive an	12-2-1	19.6.9 and tha	t in(my) (aur) opi	nian death accurred an the date			
	and have and fram the causes stated above.	(I) (We) (did) (did nat) vi	ew the bady after death.					
	23A. SIGNATURE	7 - 1 - 3		1/	23B. DATE SIGNED			
	foung dea du	MD DEGREE Phys.	ding Med. S	hys.	12-2-69			
	23C(PHYSICIAM'S NAME (Jype)		P. APDRESS	0				
	YOUNG HEWLE	-W M.D	Levindale To	laure de	Salto, mD			
24A		NAME OF CEMETERY OF CREA	AATORY 240, 10	CATION (5	ity, town, or county) (State)			
	DUAL (Specify) 12-3-1-9	Aparoni Tia	Ann	udala So	Courles -1			
25A	CONTRACTOR OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE	E OF REGISTRAR	25C. FUNERAL DIRECTOR	well !!	ADD RESS			
n	FCA 1969 PAZ AS Z. Q.	Tank "	Las Penins	n E Rom	Buchantour The			
VS	150-REV. 1/1/6B		2 January	n / Cyrik	· Karananin 110			



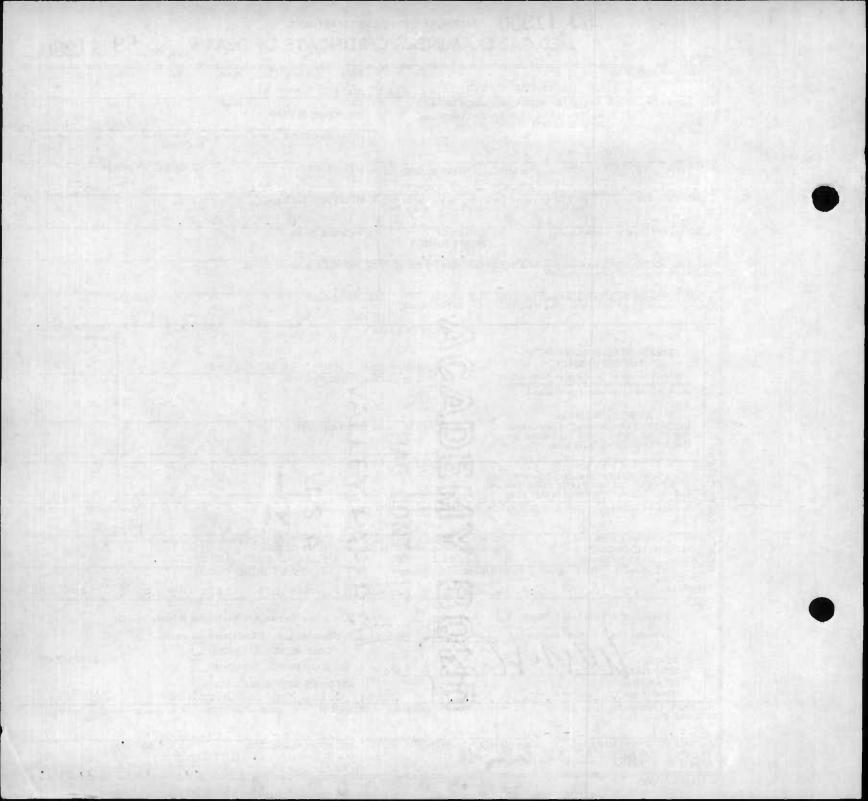
## FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH etermined cause; (5) Deceased of death Suc 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO hospital death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if attendance contributing cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN 0 D. INSIDE CITY LIMITS sed prior SINAI HOSPITAL AL YES 🔀 NO STREET AND NUMBER AKE regular 5. SEX MARRIED NEVER MARRIED 9. AGE (In years deceased Il Under 1 Ys. If Under 24 Hrs. Months! Doys Hours Min. last birthdoy) WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition = done during most of working life, even if retired) 0 (4) Und Was the 13. FATHER'S NAME direct 14. MOTHER'S MAIDEN NAME assistant death 0 15. Was Decarded Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) kind; 6. SOCIAL ADDRESS or final SECURITY NO. attendance any 18. pronounced CAUSE OF DEATH APPROXIMATE INTERVAL DISEASE OR CONDITION DIRECTLY embaimed LEADING TO DEATH (A) IMMEDIATE CAUSE ACU TE fracture IThis does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: regular injury or complication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the the physician ASCUD remains UNDERLYING CONDITION last medical MOS medical 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING NEUMONIA physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). before the 19A DATE OF OPERATION 19& CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED to the hospital by 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) °Z MEDICAL DEATH (notify medical examined any nature; obtained 21 D. TIME (except w (Month) (Doy) (Year) (Hous) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY approved While At F Not While (APPROX.) Work 22. I certify that (I) (this hospital Dattended the deceased from pe that (1) (we) lost sow the deceased alive on ond that in my (our) opinion death occurred on the dote death) hospital ond hour and from the causes stoted obave. (!) (We) (did) (did nat) view the body after death. was released must accident Attending Phys. 40 written approval Director ā 123D. ADDRESS deceased prior to SINAI BRDE CTO shows: (1) BURIAL CREMATION 24C. NAME OF CEMETERY OF CREMATORY 24B, DATS he body 0.0 24D. LOCATION REMOVAL (Specify) (Stote) 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/68

26 94/21/2 Accide Page Commence To Survey and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t CENCESTILE HERE MILLER PINECONERA 124/61 65 DEC 2 ... actor Baden MI SINA HOSPITAL VICTOR BERDER MA

69 11990 BALTIMORE CITY HEALTH DEPARTMENT

J-5602 MEDICA	AL EXAMINER'S	CERTIFICATE OF DEAT	TH 69 11990
BIRTH NC.			KEG, NO.
1. NAME OF DECEASED		2. DATE Known K Month	Doy Year Hour
Olga Ja	anouris	OF DEATH Estimoted	
4. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	3. DATE Month	Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR HOSPITAL ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	PRONOUNCED DEAD	30 69 10:35 p _M
2/		5. USUAL RESIDENCE (Where deceased I	lived. If institution: residence before admission)
City Hospita	ls	Maryland	B. COUNTY
	ARRIED NEVER MARRIED	C. CITY OR TOWN	ID. INSIDE CITY LIMITS?
		- 1	
	OWED DIVORCED	Baltimore	YES A NO
9. DATE OF BIRTH 10. AGE (In years lost birthdoy) 59	Months Doys Hours Min.	400 S. Oldham	St.
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF	13. FATHER'S NAME	
Cnoope	WHAT COUNTRY?	TT1	
IAA.USUAL OCCUPATION (Give kind of work) I 48. K	NO OF PURINESS OF INDUSTRY	Unknown	
done during most of working life, even if reilred)	IND OF BOSINESS OK INDUSIK	1 13. MOTHER 5 MAIDEN NAME	
Housewife	-	Unknown	
16. WAS DECEASED EVER IN U.S. ARMED FOR	CES? 17. SOCIAL	18. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or doles of serv	security No.	Constantine Janou	ris
19.	CAUSE OF DEA	11522 Charlotte Av	APPROXIMATE INTERVAL
2017	CAUSE OF DEA	in .	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			
LEADING TO DEATH	(A)IMMEDIATE C	AUSE Multiple injuries	
(This does not mean the made of dying, e. heart follure, asthenia, etc. It means the disease	DUE TO, OR	AS A CONSEQUENCE OF:	
injury or complication which coused death.)			
ANTECEDENT CAUSES	(8)		
DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING T	HE DUE 10, OK	AS A CONSEQUENCE OF:	
I UNDERLYING CONDITION LAST	(0)		
<u> </u>	(9		
OTHER SIGNIFICANT CONDITIONS CONTRITION TO THE DEATH BUT NOT RELATED TO THE TE DISEASE OR CONDITION GIVEN IN PART 1 (20A. DATE OF OPERATION 20B. CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION C	RUTING		
O THE DEATH BUT NOT RELATED TO THE TE	RMINAL		
DISEASE OR CONDITION GIVEN IN PART I			
20A. DATE OF OPERATION 208. CONDITIO	N FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)
			yes
22A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB	228. PLACE OF INJURY (e.g.,	in or obout 22C. WHERE DID (If in Soltimo	re City, give exact location)
UNDERLYING OR CONTRIB-	home, form, loctory, street, office	e bidg., eic.) INJURY OCCUR?	Character (Scatter) 2607
UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (H		Foster and Oldh	
OF INJURY (1887)		22F. HOW DID INJURY OCC	
(APPROX.) 11 30 69 9:30	Dpm. WORK ATW	while pedestrian stru	ck by car (hit and run)
I certify that I held an Inquiry	Inspection Aut	topsy 🗓 and that on this basis,	death in an arisin
resulted framt. Natural couses	7		
resulted fram: Natural couses	Accident Suicid	e ☐ Hamicide ☐ Undetermi	ned monner
ACTUAL //////	11 (30)	CHIEF MEDICAL EXAMINER	
SIGNATURE 100	CO (M) M.D.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S	M.D	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Werner U. Sp.	itz, M.T. De	puty Chief Medical Exa	
24A, BURIAL CREMATION, 248, DATE	24C. NAME OF CEMETERY	or CREMATORY 24D. LOCATION	
REMOVAL (Specify)		245. 255411014	(City, town, or county) (Stote)
Burial 12-3-69	Greek Ortho	dow Cometery Belti	mone Ma
25A. DATE REC'D BY HEALTH DEPT. 25B:	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 4 1969 136 E. Na	See Rill	Nicholas T. Mat	thews
VC 161 05V 464/2	- M	DUZI Eastern Ave	e., Baltimore, Md.
VS 151-REV. 3/1/68	(i 11 0 A 0	0 0 0 7 4	

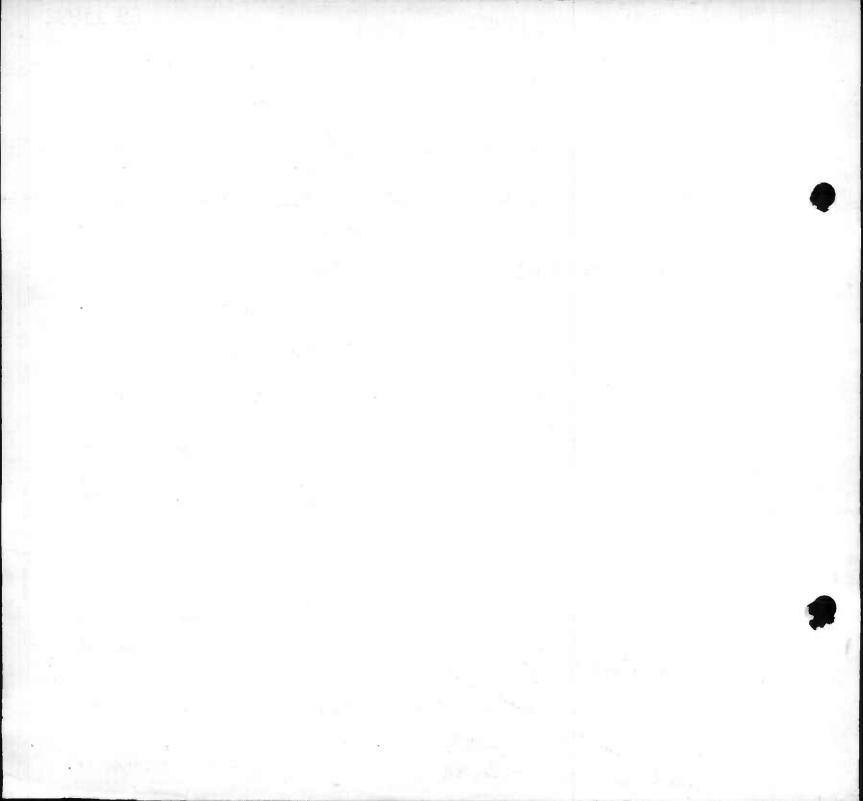


1	69 11991 69 11991
and eath ased the Such	BIRTH NO.  CERTIFICATE OF DEATH  REG. NO.  69 11991
- 4	17. NAME OF DECEASED (Type or Print) ORFM, Edith E  12/3/69 3.45 am.
spita e of or or or or or or or or or or or or or	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institutions residence below admission)  A. STATE B. COUNTY
hos use (5) and dec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  1348
- 7 0	THE UNION MEMORIAL HOSPITH BACTIMORE YES NO
ing control in	E. STREET AND NUMBER
buti sed lar pr	5. SEX 6. RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH 19. AGE (10 years 11 Under 1 Ye If Hadre 24 Har
occurre ontribut ermined regular eased pr	female white WIDOWED DIVORCED 01-11-17 [ast birthday] Manths Days Haurs Min.
r if death irect or co (4) Undete was in r the dece isposition i	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  Warsland  12. CITIZEN OF WHAT COUNTRY?
f de ct ct ct ct ct ct ct ct ct ct ct ct ct	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	John W. Hather Mary Ellen Smith
0 0 0 0	John W. Kather  15. Was Deceased Ever In U. S. Armed Farces? (Yes, no at unknown) (If yes, give wor at doles of service)  16. SOCIAL SECURITY NO. IT. INFORMANT  Why Win Cent Orem 1426 Horling Are Belto H
s assist any kir ced de ndance or fina	18. CAUSE OF DEATH APPROXIMATE INTERVAL
E 0 + E 0 D	DISEASE OR CONDITION DIRECTLY
	(This does not mean the mode of dying e.g. (A)IMMEDIATE CAUSE
ner or acture prono ular at	heart failure, asthenio, etc. It means the disease, injury or complication which coused death.)
E = T o D o	ANTECEDENT CAUSES
exan (3) A n wh in re-	DISEASES OR CONDITIONS, if ony, giving dise to the above cause (A) stating the
	UNDERLYING CONDITION last. (C)
medical medical burns; physicia an was	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
- t - i = i	I DISPASE OF CONDITION CIVEN IN PART 1 (A)
chi Boo the the	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
tal by	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If In Balilmare City, give exact lacation) OR CONTRIBUTING   CAUSE OF hame, form, factory, street, office bidg., INJURY OCCUR?
Spi	210. TIME (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21E, HOW DID INJURY OCCURR
>	(APPROX.)  While At Not While At Wark
pproved the hosany nat (except; and (6	22. I certify that (1) (this hospital) attended the deceased from 11-28 19 69 to 12-3
be to be	that (1) (we) lost saw the deceased alive on 12-3 19 ond that in (my) (our) opinion death occurred on the date
ust be a based to dent of lospital death) must be	and haur and from the couses stated above. (1) (We) (did) (did not) view the body after death.  23A. SIGNATURE  (23B. DATE SIGNED
must eleas ccide a hos to do	Attending Med. Staff \( \sqrt{23C.PHYSICIAN'S} \) NAME (Type) D.P WAN KAMMEN   Attending   Med. Director   Phys. \( \sqrt{23D. ADDRESS} \)   12-3-444
0 - 0>	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS
certificate body was r s: (1) An a D.O.A. at a ased prior	
	24A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)  Burial 12/6/69 Baltimore Cemetery Baltimore. Md.
This cer the bod shows: was D.( decease	Burial 12/6/69 Baltimore Cemetery Baltimore, Md.  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
まれるますま	DEC 4 1969 Grant & Common - 3818 Roland Ave.
	WY TOURSEY, IZZZAK

69 11991



5-315	BALTIMORE CITY	HEALTH DEPARTMENT		60 44009		
BIRTH NO. 69 115	992 CERTIFICA	TE OF DEATH	Registered No	69 11992		
NAME OF DECEASED			HOUR OF DEATH	0 -110/		
Type of Print) STEVENS, B	ERTIE	12	-2-6	9 7440		
PLACE OF DEATH IN BALTIMORE MARTLAND				stitution: residence before admiss		
		A. STATE B. COUNTY		1000		
FULL NAME OF (If not in hospital or institution oddiess or location)	on, give sheet	MARYLAN	1	13.05		
INSTITUTION				URAL and give township)		
110	BALTIMOR					
Y Maryland General	Hospital	D. STREET ADDRESS (If 1010), give location) 3136 KESWICK RD.				
	NEVER MARRIED		AGE (In years	Months Doys Hours Mir		
	DOWED	3-15-04 "	65			
OA. USUAL OCCUPATION (Give kind of work 10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at foreign	n country)	12. CITIZEN OF		
one during mast of working life, even if setired)	per Mills	mnastin	1.1	WHAT COUNTRY?		
1-6 100	her mirra	MAICTLA	7015	03/4		
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	7			
JOHN DAN DY		KOSE	OOPEI	15		
. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
(es, na or unknown) (If yes, give wor or dotes of servi		The same of the same	(303 /	7.4.0 /		
No	218-05-4059	Earl Stevens	3 - 0TST F			
18. 162, 1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY	A. 1	h-t' 0				
LEADING TO DEATH	(A) Metas	statu Caramor	ua	0004-0000000000000000000000000000000000		
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO					
injury ar camplication which caused death.)	d do.	an in our of	1			
ANTECEDENT CAUSES	(B) COLUL	o careminal of	Lucy			
DISEASES OR CONDITIONS, if any, give	U	O				
rise to the above cause (A) stating	the (C)					
UNDERLYING CONDITION last.						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE ALON' +	11. and toward	well /			
	owner	Albumine	100			
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	AUTOPSY? (Yes or No)	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?		
		NO				
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, factory, street, al	fice bldg., INJURY OCCUR?	(It in Boltimore	City, give exact location)		
DEATH (notify medical exominer)	etc.)					
21D. TIME (Month) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?			
ØF INJURY  (A PPROX.)	While At Not Whil					
(APPROA)	Work At Work					
22. I certify that (%) (this hospital) attended	ed the deceased fram	11-27 19	67 10 10	2-2 196		
that (H) (we) lost saw the deceased alive	on 12-2	19 6 9 and that	in (my) (aur) opin	nian deoth occurred on the		
ond hour ond from the couses stated obav	e. (% (me) (ala) (ala nor) v	new the body offer deoth.		23B, DATE SIGNED		
	14.5	ending Med. S	tott	23B, DATE SIGNED		
allalou Lam	M.D. After		hys.	12-2-69		
23 C. PHYSICIAM'S NAME (Type)		23D. ADDRESS	2			
JAMESTON- 12	MANDHILE M.D.	Manying	FELEDA	Hasn		
4A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE	EMATORY 24D. LO	CATION	- 1402 h		
REMOVAL (Specity)			CATION (CI)	y, town, or county) (Sto		
Burial   12/5/69	Moreland Mem.	Park Ba	altimore,	Md.		
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS		
DECA 1000 Por BE 30	Ben Hell 13 17	Ann Donevan	- 3818 Re	oland Ave.		
S 150-REV. 171/65	7. 4	1 0 7 1 2				



1	7 ./24	BALTIMORE CITY	HEALTH DEPARTMENT		00 44000
-	-432 69 11993	CERTIFICA	TE OF DEATH	REG. NO.	69 11993
1. N	AME OF DECEASED		2. DATE AND	HOUR OF DEATH	
Тур	EMMA M. CL	AUTICE	Nov. 2	7. 1969	Z:30 P.
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceased lived. It inst	itution: residence befare admissian
FU L	L NAME OF (IF NOT IN HOSPITAL OR INSTITU SPITAL OR ADDRESS OR LOCATION)	TION, GIVE STREET	C. CITY OR TOWN		2031
N S	TITUTION		BALTIMORE		E CITY LIMITS? YES MO
	4023 Edmondson Ave.		E. STREET AND NUMBER		
2	O BENONBOON NIE		4023 EDMON	DSON AVE	
ŞE	MARKIED	NEVER MARKIED A	B. DATE OF BIRTH 9.		If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
77	USUAL OCCUPATION (GIVE kind of work 10B, KIND OF	DIVORCED DIVORCED	Nov. 6.18	94 YRS.	12, CITIZEN OF WHAT COUNTR
ine	during most of working life, even if refired)				THE COURT OF WHAT COUNTRY
3. F	RETIRED DRESS	MAKER	BALTIMORE  4. MOTHER'S MAIDEN NAME	$M_{D}$ .	
. V	EDWIN D. CLAUTICE Vas Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	SARAH E. W	ILLIAMS	ADDRESS
es,	no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	, T) 1/	440	37
-	1B. 44 1 2 4 1	CAUSE OF DEATH	RS. EDITH MAL	ONE 416	NORMANDY AVE
	DISEASE OF CONDITION DIRECTLY	drive of brain	A	- N 1	BETWEEN ONSET AND DEAT
	LEADING TO DEATH	(A)IMMEDIATE CAUS	. avenuscle	The Cach	5-
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,		CONSEQUENCE OF:	<b>-</b>	
	injury ar complication which coused deoth,)	V	acculargiseas	e e	
	ANTECEDENT CAUSES	(B)	CONSEQUENCE OF:	IN alenny	anti-
	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the	DOE TO, OR AS A	CONSEQUENCE OF:	V	
	UNDERLYING CONDITION last.	(c)			
N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
ATIC	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	19A. DATE OF OPERATION 19B. CONDITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING TO 21B.	PLACE OF INJURY (e.g., in	or about 21C, WHERE DID	(If In Boltimore	City, give exoct location)
П	21A. ACCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet) etc.)	e, form, foctory, street, offi	ce bldg., INJURY OCCUR?	(ii iii bealine)	city, give exect leading
Т	· · · · · · · · · · · · · · · · · · ·	INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
		e At Not While			
	22. I certify that (1) (this hospital) attended th		Von: 13 19	64 m	lon. 27, 1969
	that (I) (we) lost saw the deceased alive on		_ / ^/		an death occurred on the do
	ond hour and from the causes stated obave. (1)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	an deall occurred on the de
L	23A. SIGNATURE	(0.0)	ow the body after deaths		238. DATE SIGNED
	A arm Z/V	Atten Phys.		haff	11-28-69
	23C. PHYSICIAM'S NAME (Type)	THE GREE	3D/ADDRESS	a M	0 1/0
	HARRY L. KNIFF,	nb GEGREE	4116 Ellmon	down the	Dallo Ind 2122
A.	BURIAL CREMATION, 248. DATE 24C. NA	ME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City	, town, or county) (State)
Bu	10/0/00	THEDRAL	BA	LTIMORE.	$M_{D}$ .
	DATE REC'D BY HEALTH DEPT. 258: NAME	REGISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS
E	C4 1969 Step of Asset &	2000	H.W. MEARS O	SON 805	N. CALVERT SI

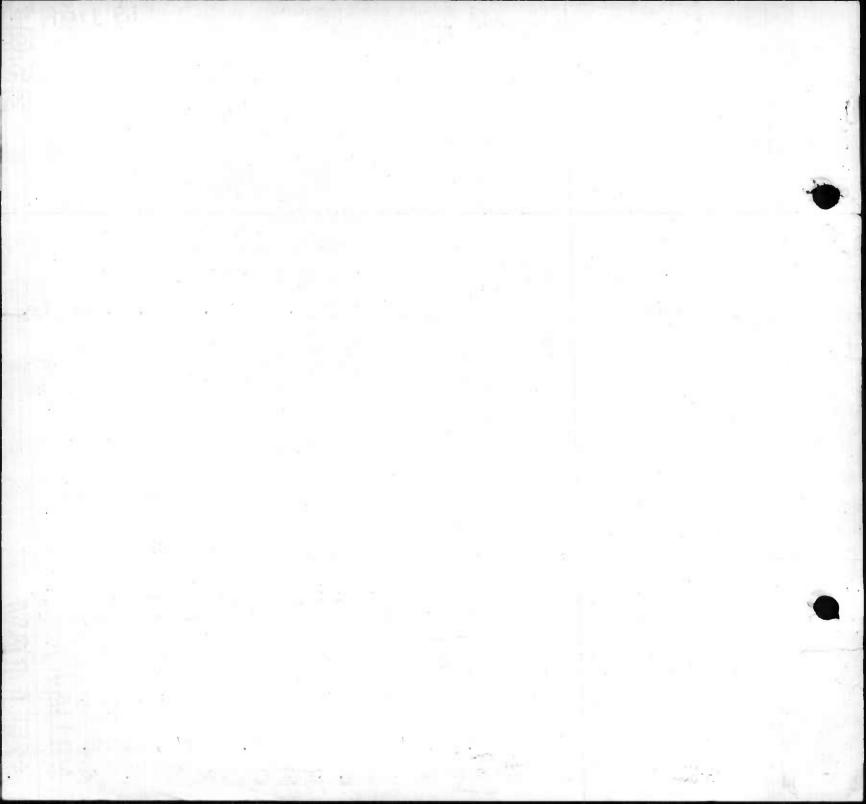
. The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s Γ. 7 -----A CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH

7.

BI	RTH NO. 69 11994 CERTIFICATE OF DEATH REG. NO. 05 11954
1. (T)	NAME OF DECEASED  2. DATE AND HOUR OF DEATH
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before odmission)  A. STATE  B. COUNTY
FI	ULL NAME OF OSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
1111	3 1/
9	Bolton Hill Nursing Home E. STREET AND NUMBER 218 E. PRESTON St.
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lil Under 1 Yr. Il Under 24 Hrs. Months; Doys Hours; Min.
	F WIDOWED DIVORCED 11-19-89 80
	A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY indeducing most of working life, even it refired)
13	FENNSY/Vawia USA FATHER'S NAME 14. MOTHER'S MAIDEN NAME
15.	Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
	os, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.  197-28-9944 LLOYD M. HOCH JR. 218 E. PRESTON ST.
2	18.43   CAUSE OF DEATH   APPROXIMATE INTERVAL   BETWEEN ONSET AND DEATH
	DISEASE ON CONDITION DIRECTLY
	(This does not mean the made of dying, e.g.,  (A) IMMEDIATE CAUSE CONSEQUENCE OF
	hearl failure, osthenio, etc. Il meons the diseose, injury or camplicolion which coused deoth.)
	ANTECEDENT CAUSES
	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) sloting the
	UNDERLYING CONDITION Iosi. (C)
ACITA	I O THE DEATH BUT NOT RELATED TO THE TERMINAL (DISEASE OR CONDITION GIVEN IN PART 1 (A)
FRTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CALCE	218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID
MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
<	Work L. At Work L.
	22. I certify that (1) (this hospital) attended the deceased from 7-26 1969 to 1/- 30 1969 that (1) (we) last sow the deceased alive an 1/-23 1969 and that in (my) (our) apinion death accurred on the date
	and haur and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death.  23A, SIGNATURE  23B, DATE SIGNED
	William & Bensey Jr M.D. Attending Med. Director Phys. 0 2-2-69
	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS
	WILLIAM P. BENSON, VR. DEGREE SSOD N.CALVERT ST. BALL. MI
	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
25	BURIAL 12/4/69 ST. MARY'S ST. MARY'S PENNA.  SA. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR ADDRESS
1	TECA 1969 BY BE TO SEE TO O O HOW OMETERS & SON 805 N. CALVERT ST
	150-REV. 1/1/68

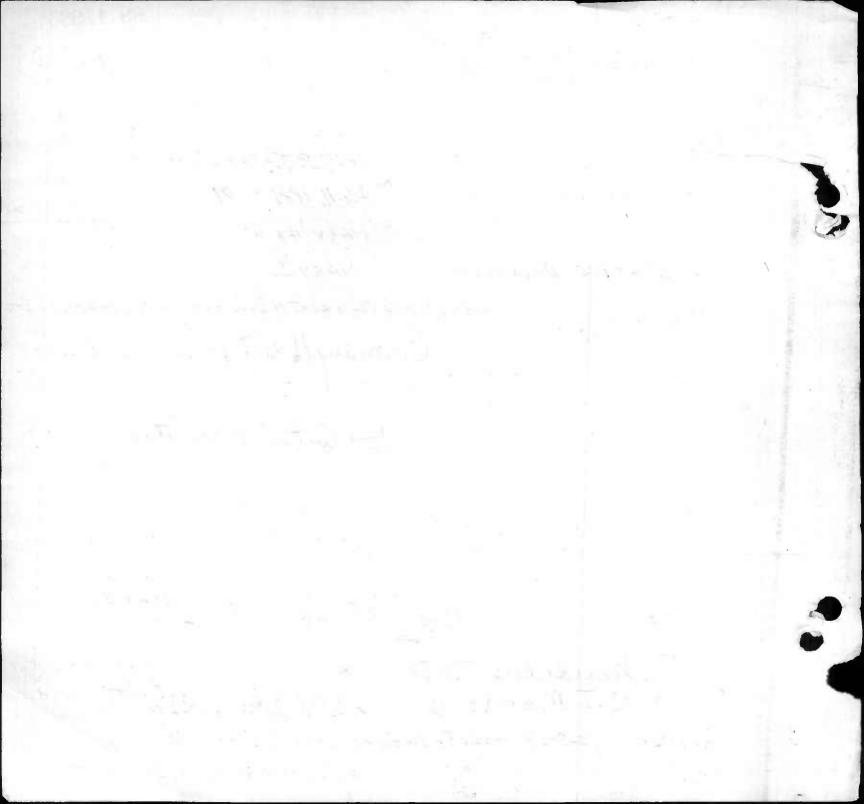
BALTIMORE CITY HEALTH DEPARTMENT

ATH 6:50 P M. dence belore odmission) INSIDE CITY LIMITS? YES -NO Il Under 1 Yr. Months: Doys Il Under 24 Hrs. Hours Min. 12, CITIZEN OF WHAT COUNTRY? WSA ADDRESS E. PRESTON ST. BETWEEN ONSET AND DEATH VERE FINDINGS CONSIDERED Itimore City, give exact location)

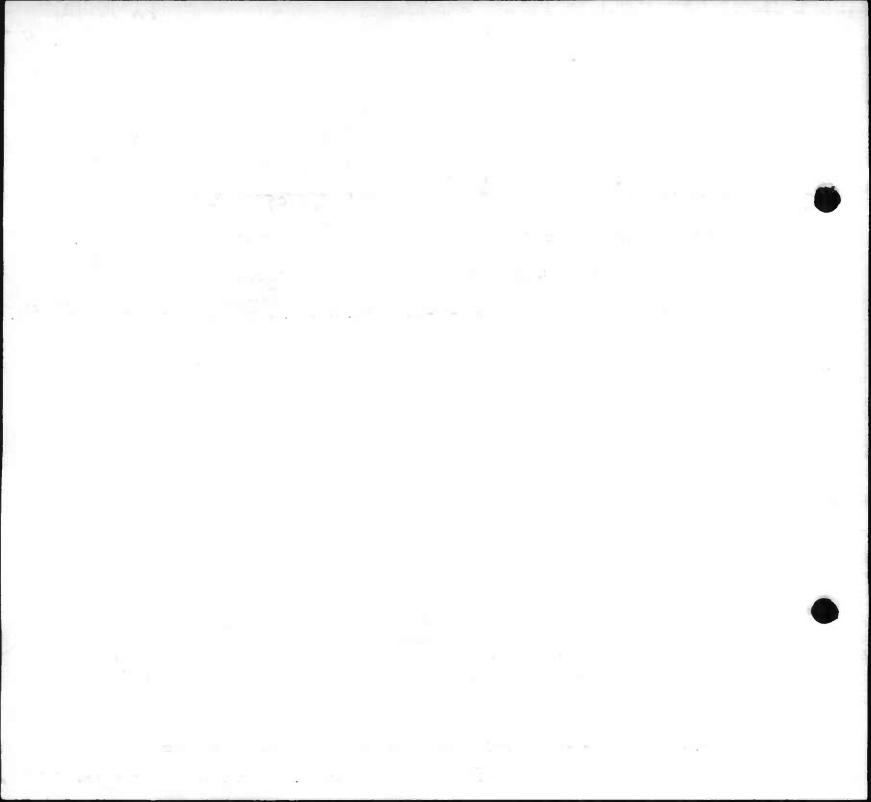


FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be a the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death) written approval must be

1 5115	BALTIMORE CITY	HEALTH DEPARTMENT		69 11995		
BIRTH NO. 69 115	995 CERTIFICA	TE OF DEATH	REG. NO	00 11000		
Type or Print) MARGARIT L	E. DEINLEIN	1(-	30 -61	144 PM.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONO UNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If in	stitutian: fest ence before odhission)		
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Ma.	(	601		
INSTITUTION		C. CITY OR TOWN	D. INSI	VES NO		
10 - 6-	0.1	E. STREET AND NUMBER				
2807 E. JEFFERSON		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	- 0.0	If Under 1 Yr. If Under 24 Hrs.		
F White WIDO		AUG.11, 1881 10	. AGE (In yours ost bighday)	Manths Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of wark 10B. KIN done during mast of working tite, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	n cauntry)	12. CITIZEN OF WHAT COUNTRY?		
		MARVIAND.	•			
13. FATHER'S NAME	/ .	14. MOTHER'S MAIDEN NAM	E			
15. Was Decosed Ever in U. S. Armed Forces?	16. SOCIAL	MARYC.		ADDRESS		
(Yes, no or unknown) (If yes, give wor or dotes of serv		March - 117	1-1-1	Contract Se		
118.	215-01-8750 CAUSE OF DEAT	Y14916 41 41 17. Ve	INJEIN 27	APPROXIMATE INTERVAL		
DISEASE OR CONDITION DIRECTLY	CAUSE OF BEAT	1/ ~	1 O1 A	BETWEEN ONSET AND DEATH		
LEADING TO DEATH	(A) IMMEDIATE DA	on any lar	& Husec	se Chronce		
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc		A CONSEQUENCE OF:				
injury or complication which caused deeth.)  ANTECEDENT CAUSES		(				
DISEASES OR CONDITIONS, if any, g	(B)	A CONSEQUENCE OF:				
rise to the obove couse (A) stating UNDERLYING CONDITION last.	5	Diabetis	melly	tus years		
II II						
O OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI ODISEASE OR CONDITION GIVEN IN PART 1 (A).						
DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED		
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED						
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, factory, street, cetc.)	in or about 21 C. WHERE DID thice bidg., INJURY OCCUR?	(If in Baltimar	e City, give exoct locotian)		
21D.TIME (Manth) (Doy) (Yeor) (Hour)	21 E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?			
(APPROX.)	White At Not Whi			/ (		
22. I certify that (I) (this hospital) attend	ded the deceased from	mod, 19	96010	La 30 19 6%		
that (I) (we) lost sow the deceased alive	on 125 3	0 19 0 9 ond the	t in (my) (ojus) opi	nion death occurred on the date		
ond hour and from the couses stated about	ve. (1) (We) (did) (did not)	view the body ofter deoth.				
23A. SIGNATURE  Attending Med. Staff   1-30-6  28C. PHYSICIAN'S   23D. ADDRESS						
24A. BURIAL CREMATION, 24B. DATE 2	C. NAME of CEMETERY OF CR	EMATORY 1245, LO	CATION (Ci	ity, town, or county) (Stote)		
REMOVAL (Specify)	11/11/	in	In Mid			
25A. DATE REC'D BY HEALTH, DEPT. 25B, NA	TOLY Ned -CL	25C. FUNERAL DIRECTOR	110.	ADDRESS		
DEC 4 1969 Office & Jelly	819 8 0	O BODABRO WAS	F12+1+ E. K	BAte St.		
VS 150-REV. 1/1/6B			V			



	69 11997 CERTIFICA	Y HEALTH DEPARTMENT ATE OF DEATH  REG. NO. 69 11997				
	BIRTH NO.  1. NAME OF DECEASED E	2. DATE AND HOUR OF DEATH				
	Type or Print Harry Warring ton	D = 1-0 : 7:50 0				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)  A. STATE  B. COUNTY				
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
-II	University Hospita	Dattmore YES NO				
	University Hospital	1340 Washing ton Blud				
	5. SEX  6. RACE  WIDOWED  DIVORCED  DIVORCED	8. DATE OF BIRTH  9. AGE (in yeors   If Under 1 Yr. If Under 24 Hrs. Manths Doys Haurs Min.				
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
-  `	Meat? KNKKK Manager Ac me Marked	Maryland U.S.A.				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	James Warrington	Florence Melvin				
1	5. Was Deceased Ever in U. S. Armed Faices?   16. SOCIAL	17. INFORMANT ADDRESS				
11	Yes, no or unknown) (If yes, give war or dates at service)  No  214-01-1557	Charles J. Jampool 40 Um Hose				
╬	No 214-01-1557 CAUSE OF DEA	Mrs. Emma M. Warrington, 1340 Washington Bivd				
	DISEASE OR CONDITION DIRECTLY	SETWEEN ONSET AND DEATH				
-	LEADING TO DEATH	USE Dronchordine CA				
		A CONSEQUENCE OF:				
	ANTECEDENT CAUSES					
1	DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:					
	rise to the above cause (A) stating the UNDERLYING CONDITION last.					
	11					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (AL.					
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL PLACE OF INITIAL	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
	OR CONTRIBUTING CAUSE OF home, form, foctory, street,	in at about 21 C. WHERE DID (II in Baltimare City, give exact location) affice bldg., INJURY OCCUR?				
		21F. HOW DID INJURY OCCUR?				
	21D. TIME (Month) (Doyl (Yeo)) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not Wh					
	Wark LI AT Wark					
	22. I certify that (f) (this hospital) attended the deceased from	11/26 19 Ly to 13/3 19 65				
	that (1) (we) last saw the deceased alive an 12/2	and that in (aur) apinion death accurred an the date				
	and haur and from the causes stated above. (1) (4th) (did) (did net)					
-	AH AH	ending Med. Stoff 7				
	23C. PHYSICIAN'S	ending Med. Shoff Director Phys. 40 / 2 / 2				
	23C. PHYSI CLAN'S NAME (Type)					
	OEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CI	REMATORY 24D. LOCATION (City, town, or county) (State)				
	KEMOVAL (Specify)					
	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	tery Baltimore, Maryland   25C. FUNERAL DIRECTOR ADDRESS				
	DEC 4 1969 Police E Falley Mais	Howard Ho Hubbard, 4107 Wilkens Ave. 21229				
I	/\$ 150-REV. 1/1/68	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s				



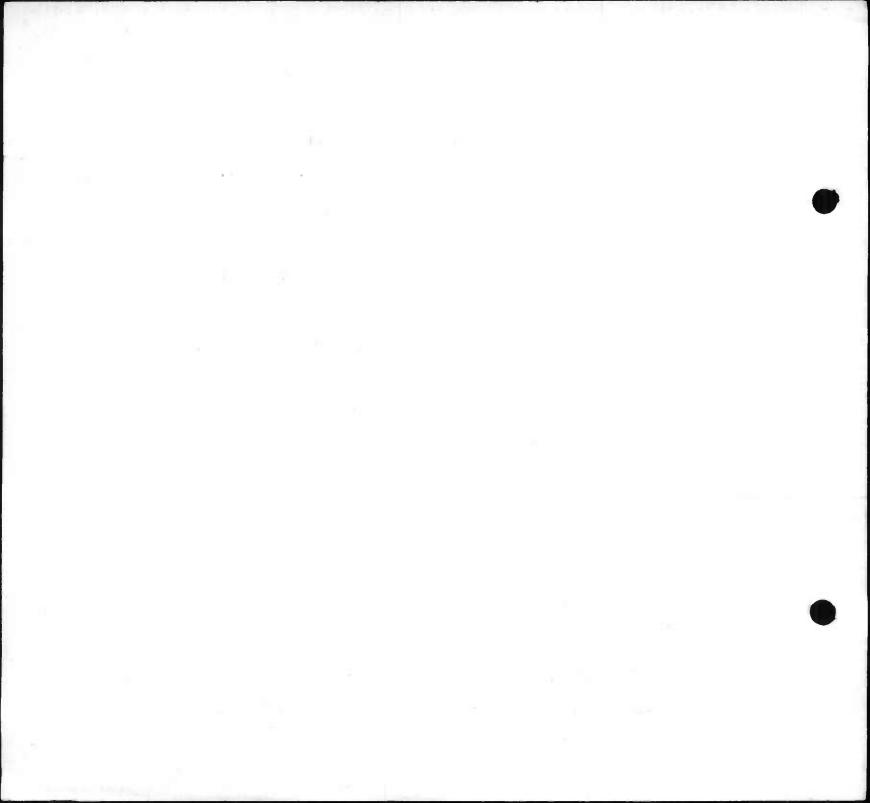
	1-112	_ 69 1	1998	BALTIMORE CITY	HEALTH DEPA	ARTMENT		00	3 11998
BIRTH NO. CERTIFICATE OF DEATH REG. NO. 69								) TT330	
	NAME OF DEC	EASED (ADY	TH Lucin	da Alexan	der )	2 DATE AND	HOUR OF DEAT	н .	201
	Type or Print)	LEXAN	DER,	H DYIH	4.	100	2-2-6	59	1 85%P
	3. PLACE IN BAI	TIMORE MARYLAND, W	HERE PRONOUNC	ED DEAD	4. USUAL RES	B. COUNTY	deceased lived. If	institution	residence before admission
	FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTIO	N, GIVE STREET	MAI	ZYLAN	D		906
	NOTTUTION	ADDIESS OR EOCA	CIIOIII		C. CITY OR TO	WN	D, 1N	ISIDE CITY	LIMITS?
	1/8 N	aryland Ger	eral Hou	spital	E, STREET AN	NHARED		YES 4	NO
		to a grant of the	.02 0.2 110	552002	274	/ /	UWICK	A	WE
5	SEX	6. RACE	7- MARRIED 1	FOR MARRIED	8. DATE OF SIR	RTH 9.	AGE (In veets	II Und	ler 1 Yr. , Il Under 24 Hrs
		IN	WIDOWED W	DIVORCED [	Dec.17	,1882 "	t birthdoy)	Months	Doys Hours Min.
	OA, USUAL OCC one during most of	UPATION (Give kind of work working lile, even if retired)	10B, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE	E (Stote or toreign	country)	12. CI1	TIZEN OF WHAT COUNTRY
		ewife	At Ho	me	Maryl	and			U.S.A.
Ī	3. FATHER'S NA				14. MOTHER'S	MAIDEN NAME			
		Thomas Bank			Eli	zabeth	Stocksda	le	
100	. Was Deceased es, no of unknown	Ever in U. S. Armed For		SOCIAL SECURITY NO.	17. INFORMAN	ī			ADDRESS
	10			7011 D	Miss E	rma B.	Alexande	r 27	41 Fenwick
	18,	119		CAUSE OF DEATH					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION DIR LEADING TO DEATH	ECTLY			Λ4 σ	1.0	\ /.	A CHSEL AND DEATH
	IThis does not mean the mode of dying, e.g. (A)IMMEDIATE CAUSE (LCUL) 1 1/10 Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supply Concluded Supp								
	heast failure, asthenia, etc. It means the disease, injury or complication which caused death.)								
	ANTECEDENT CAUSES								
	DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:								
	rise to the above cause (A) stating the UNDERLYING CONDITION last.								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE TERMINAL CENERAL VOSCULOR) accident								
10124	DISEASE OR C	ONDITION GIVEN IN PART	1 (A).	Consula	CX VOCA	and (	recial	<u></u>	***************************************
Chairin	19A. DATE OF	WAS PERF	ORMED	H OPERATION	20A. AUTOPS	(Yes or No) 2	OB, IF YES, WERE	FINDINGS AUSES OF	CONSIDERED DEATH?
	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID   (If in Boltimoro City, give exoct location)   (If in Boltimoro City, give exoct location)								
13		medical examined	home, fo	rm, foctory, street, aff	ice bidg, INJUR	OCCUR	h in bolling	oro City, gir	ve exoct locolign;
	21D. TIME	(Month) (Day) (Year)	(Hour) 21E INJU	JRY OCCURRED	21 E. H	OW DID INJUR	COCCUR?		
≥ (APPROX)   While At   Not While									
	22. I certify that (H) (this hospital) attended the deceased from 12-1 1969 to 12-2 1969								
	1 - 41/ 1 - 1								
	and have and from the causes stated above. (1) (We) (did) (did-net) view the bady after death.								
	23A. SIGNATURE   23B. DATE SIGNED								
	ar los	too K. A	110 1011	M. Affer	ding M	ed. Stal	# 19	13	-2-69
	23C. PHYSICIAN'S NAME (Type)  Additional Med. Staff Phys. Director Phys. Director Phys. 23D. ADDRESS								
	10.	ATORE K	. DONO	HILL HD	MARYL	DILLA	G-PAIS	001	Llos D
24		AATION, 248 DATE		of CEMETERY of CREA		24D. LOCA	ATION (C	ily, lown,	or county (State)
	Burial			wood Ceme			timore.	•	,
2.		BY HEALTH DEPT.	258 NAME OF RE		25C. FUNERA	L DIRECTOR	Jamoi C.	mary.	ADDRESS
D	C4 19	19 Jacket & M	autory of the	0000	3 N/2n	2150	12146	en Do	M.
V:	150-REV. 1/1/6	8			Ba	Lthmore	Mary lan		

	1 117 69	11998	BALTIMORE CITY	HEALTH DEPARTME	NT	69 11998	
1	7-420		CERTIFICA	TE OF DEAT	TH REG. NO	09 11990	
1.	NAME OF DECEASED (ADVI'H LIICINGS ALEXANDER ) 12. DATE AND HOUR OF DEATH						
(1)	pe or Print) ALEXAN	DER	HDY14	L.	12-2-6	9 1 85%	
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			A. SIAIE	COUNT	nstitution: residence before admission)	
H EL	OSPITAL OR ADDRESS OR LOCATION)  Maryland General Hospital			MARYLAND 906			
IIIN				C. CITY OR TOWN	D. INS	YES THE NO TO	
15				E. STREET AND NUM	BER	IES LY NO L	
				2741 FENWICK AVE			
5.	SEX 6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
	- IV	WIDOWED		Dec. 17, 18	82   So		
do	LUSUAL OCCUPATION (Give kind of vote during most of working life, even if retire	ork 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNTRY	
	Housewife At Home			Maryland		U.S.A.	
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME			
	Thomas Bar	kard		Elizabeth Stocksdale			
15. (Ye	Was Deceased Ever in U. S. Armed s, no ar unknown! (If yes, give war ar d	Farces? oles of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
n	0	218 0	7011 D	Miss Erma	B. Alexande	r 2741 Fenwick	
	18. 4 / 0 / 4		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						
	IThis does not mean the mode all dying, e.g., (A) IMMEDIATE CAUSE (ICCULT) (IV) Cardial Supplies the						
	heort laiture, asthenia, etc. It means the disease, injury or camplication which caused death.						
	ANTECEDENT CAUSES						
	DISEASES OR CONDITIONS, il any, giving  DUE TO, OR AS A CONSEQUENCE OF:						
	rise to the above cause (A) stating the UNDERLYING CONDITION tast.						
	11						
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
¥	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
CERTIFIC.	19A. DATE OF OPERATION 198. CO	ERFORMED	20A. AUTOPSY? (Yes	or No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
E	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (if in Boltimore City, give exact lecation)						
CAL	In an politimore City, give exoci locotion)						
임	21D. TIME (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED 21E HOW DID INJURY OCCUR?						
MEDI	OF INJURY (APPROX)	While	At Not While		D INJURY OCCUR!		
		Work		12-1	10	10	
	2. I certify that th (this hospital) attended the deceased fram 12-1 1967 ta 12-2 1967						
	that (f) (we) last saw the deceased alive an						
	and haur and from the causes stated abave. (1) (We) (did) (did-not) view the bady after death.  23A. SIGNATURE  (23B. DATE SIGNED						
	Tolor las	Dias las	Atter	ding Med.	Shoff D	12-2-69	
	23C. PHYSICIAN'S NAME (Type)  Affending Med. Director Sheff Phys. 9  12-2-69						
1	DAL LIATOR E	Day	OH TIME	NADVIDAN GENERAL LOSD			
24/	24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)						
	Burial 12/5		kwood Ceme		early as a second second	Maryland	
25A. DATE REC'D BY HEALTH DEPT. LOSS NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS							
DF	EC4 1969 Called & Markey 1849 0 0 0 18 Lange & San De 4 San De 4 San De 4						
TVC	VS 150-REV. 1/1/68 BG 1 GA HIG TO HIGH THE TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL						

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BII	- 100	TE OF DEATH REG. NO. 69 11999				
1.1	NAME OF DECEASED 7/7	2. DATE AND HOUR OF DEATH				
	KUIS, Baby Boy of Caraly	12/2/69 2:30 M.				
FL H	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD  LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	4. USUAL RESIDENCE Where deceased lived. II institution: residence before admission.  A. STATE B. COUNTY  MARYLAND  A. CONTROLOGY  MARYLAND				
ll'in	NOITUTION	C. CITY OR TOWN  D. INSIDE CITY LIMITS?				
	THE JOHNS HOPKINS HOSPITAL	E. STREET AND NUMBER  100 E. 22ND ST.				
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED X	8. DATE OF SIRTH 9. AGE (In years III tinder 1 Yr III tinder 24 Mar.				
	MALE NEGRO WIDOWED DIVORCED	lost birthdoyl Months Days Hours Min.				
dar	. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY e during most of working life, even if retired)	11. SIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?				
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
		CAROLYN LEWIS				
15. (Ye	Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
	18. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not need to design a server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server					
	(This does not meon the made of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)					
	ANTECEDENT CAUSES HEMATON: FY					
	DISEASES OR CONDITIONS, if any, giving  (B) DUE TO, OR AS A CONSEQUENCE OF:					
	rise to the obove cause (A) stoling the UNDERLYING CONDITION lost. (C)					
TION	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL					
ICA	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)  208, IF YES, WERE FINDINGS CONSIDERED				
CERTIFICATION	WAS PERFORMED	YES.				
귛	21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in home, lorm, foctory, street, old etc.)	fice bidg., INJURY OCCUR? (If in Baltimore City, give exact location)				
MEDIC	21D.TIME (Manth) (Day) (Year) (Haur) 21E, INJURY OCCURRED  OF INJURY (APPROX.) While At  Not While  At Work At Work	21F. HOW DID INJURY OCCUR?				
22. I certify that (I) (this heaptral) attended the deceased fram 12/1 1969 to 12/2						
	that (1) [me] last saw the deceased alive an 12 2 19 69 and that In(my) (aur) apinian death accurred an the date					
	and haur and from the causes stated above. (1) ( (did) (did not) view the body after death.					
	23A. SIGNATURE  23A. SIGNATURE  Attending Med. Stoff   12/2/69					
	Jay W. Pettegrew M.D. DEGREE Johns Hopkins Hospital					
24/	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE.  REMOVAL (Specily)  Cremation 12/2/69 Johns Hopkins	Totale,				
25	EC 4 1969 TOPETE E 255 NAME OF REGISTRAR	SEOSPITAL DISPOSAL ADDRESS				
-	250 85V 1/1/(8	O HANGER DEAT ALL				



## FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT 69 12000 69 12000 **CERTIFICATE OF DEATH** of death Deceased ce on the Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) NOV 29 höspital death. 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence A. STATE B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance (2) contributing cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI C. CITY OR TOWN (4) Undetermined cause; D. INSIDE CITY LIMITS? DALTIMORE YES A NO HOSPITAL. prior E. STREET AND NUMBER HOLLINS in regular 5. SEX 6. RACE 9. AGE (In years 7. MARRIED NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. Menths! Doys Hours Min. eceased lost birthdoy) WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or toreign country) 12. CITIZEN OF WHAT COUNTRY? isposition dene during most of working life, even if retired) 0 ō Was 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME Daniel Sweat Loretta death 0 15. Was Deceased Ever in U. S. Armed Forces? (Yes,ne or unknown! (If yes, give wer or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS or final SECURITY NO. attendance UNIK MODILETY Sweatt, Box 318 Rt 2, Hanover, Md. any pronounced CAUSE OF DEATH APPROXIMATE INTERVAL DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meen the mode of dying, e.g., heert leiture, esthenie, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: regular injury or complication which coused deeth.) ANTECEDENT CAUSES who DISEASES OR CONDITIONS, il ony, giving rise to the obove cause (A) stoling the physician before the remains UNDERLYING CONDITION lost **WOS** Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL No physician DISEASE OR CONDITION GIVEN IN PART 1 (A). (2) Body 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION the 20A. AUTOPSY? (Yes er Ne) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 8 WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 218. PLACE OF INJURY (e.g., in er about 21C. WHERE DID heme, ferm, fectery, street, office bldg., INJURY OCCUR? (If In Beltimere City, give exect lecetion) the hospital MEDICAL DEATH (netify medical examined) any nature; obtained 21 D. TIME (Menth) (Dayl (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 Not While (except While At 1 (APPROX.) and 22. I certify that (1) (this hospital) attended the deceased from Nov that (1) (we) last saw the deceased alive an__ pe ond that In (my) (our) opinion death occurred on the date death) o hospital iy was released (1) An accident and hour and fram the causes stated obave. (1) (We) (did) (did nat) view the body ofter deoth. must 23A. SIGNATURE 23 B. DATE SIGNED Attending ___ DEGREE Med. 9 approval Director O 23C. PHYSICIAN'S prior 23D. ADDRESS at NAME (Type) OTOTOK D.O.A. 24A, BURIAL CREMATION. 24B. eceased REMOVAL (Specify) written Marion, South Carolina Marion, South Carolina Burial Was 25A. DATE REC'D BY HEALTH DEST. 255 NAME OF BEISTRAR 25C. FUNERAL DIRECTOR Witzke, 4101 Edmondson Ave., Balto., Md. VS 150-REV. 1/1/68

